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STATE OF NEW YORK

State Commission in Lunacy

TWENTY-THIRD ANNUAL REPORT

October 1, 1910, to September 30, 1911

ALBERT WARREN FERRIS, M. D.	}	<i>Commissioners</i>
WM. CARY SANGER		
HERBERT P. BISSELL		

TRANSMITTED TO THE LEGISLATURE FEBRUARY 14, 1912

STATE OF NEW YORK

No. 23

IN ASSEMBLY

FEBRUARY 14, 1912

STATE COMMISSION IN LUNACY

TWENTY-THIRD ANNUAL REPORT

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

ALBANY, *February 14, 1912.*

To the Speaker of the Assembly:

By direction of the Commission I have the honor to transmit herewith the annual report of the State Commission in Lunacy for the year beginning October 1, 1910, and ending September 30, 1911.

T. E. McGARR,

Secretary.

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TWENTY-THIRD ANNUAL REPORT

ALBANY, *February* 14, 1912.

To the Legislature:

In compliance with section 11 of chapter 27 of the Consolidated Laws, which requires that "the commission shall annually report to the legislature its acts and proceedings for the year ending September thirtieth last preceding, with such facts in regard to the management of the institutions for the insane as it may deem necessary for the information of the legislature, including estimates of the amounts required for the use of the state hospitals and the reasons therefor," the State Commission in Lunacy herewith presents its twenty-third annual report, covering the fiscal year beginning October 1, 1910, and ending September 30, 1911.

ALBERT WARREN FERRIS, M. D.,
HERBERT P. BISSELL,
WM. CARY SANGER,

Commissioners.

REPORT

GENERAL OPERATIONS

The whole number of insane in the public, and committed insane in the private hospitals of the State on September 30, 1911, was 33,311, divided as follows: Men, 16,010; women, 17,301. The whole number of insane in the State hospitals, including the inmates of the Matteawan and Dannemora hospitals for insane criminals (1,199), on September 30, 1911, was 32,250. The whole number of the insane in licensed private institutions was 1,061. The net increase for the year in all institutions was 653; in the State hospitals, including the criminal asylums, 644; exclusive of the latter institutions, 606. In the licensed private institutions an increase of nine for the year was reported.

The operation of the hospitals and the results of treatment during the year may be summarized as follows:

Number of first admissions during the year.....	6,228
Number of relapsed cases readmitted.....	1,639
	<hr/>
Total	7,867
	<hr/> <hr/>

From the fourteen State hospitals there were discharged as recovered, 1,698 patients; as much improved, 478 patients; as improved, exclusive of transfers, 884 patients. Two thousand eight hundred and eighty-six patients died during the year. The daily average population of the fourteen State hospitals was 30,909. Of the admissions, 38 were found to be cases of inebriety, 11 were simple drug habitués and 78 were found to be not insane within the meaning of the statute.

Of the 31,051 patients remaining in the State hospitals on the first day of October, 28,571 were supported by the State, 2,246 paid the bare cost of maintenance (excepting cost of lodging), while 234 were rated as belonging to the private class.

During this year 303 persons, as against 255 last year, took advantage of the voluntary admission provision of the Insanity Law and placed themselves under treatment in the State hospitals. Of this number the majority were public patients.

FINANCIAL OPERATIONS

The following summary of financial operations gives a record of sums actually disbursed during the year ending September 30, 1911, for the support of the State Hospital system, the State Commission in Lunacy, the Psychiatric Institute, the State Board of Alienists, together with the balances in the hands of the Treasurer of the State hospitals at the beginning and at the close of the year.

DETAILED REPORT OF THE TREASURER STATE HOSPITALS, OCTOBER 1, 1910, TO SEPTEMBER 30, 1911.

STATE HOSPITALS

Receipts

Balance on hand, October 1, 1910.....	\$15,976 75
From State treasury for maintenance.....	6,161,257 46
From sales of uniform materials.....	3,273 99
From refunds for overpayments and unclaimed wages.	2,201 50
From interest hospital accounts (local banks)....	303 99
From interest treasurer State hospitals account (N. Y. State National Bank).....	4,408 82
From reimbursing and private patients.....	486,940 20
From stewards' sales.....	18,427 58
From attorneys (costs in committee proceedings).	5,553 32
From ferry receipts (Manhattan State Hospital).	4,050 00
From manufacturing departments.....	115,206 16
From State treasury for extraordinary improvements, new buildings, furniture, etc., and items not included in fixed charges and maintenance..	1,114,366 87
Total	<u>\$7,931,966 64</u>

Disbursements

For maintenance (general fund).....	\$6,023,065	69
For manufacturing (on maintenance account)...	133,087	11
For uniform materials (hospitals reimbursed)...	2,839	25
Remitted State treasurer, chapter 561, Laws 1907 (miscellaneous receipts)	519,683	91
Remitted State treasurer, chapter 561, Laws 1907 (manufacturing department receipts).....	115,206	16
Balance returned to State treasury.....	17,447	71
Balance available for 1911-1912.....	6,279	94
	<hr/>	
	\$6,817,599	77
For extraordinary improvements, new buildings, etc., special fund payments.....	1,114,366	87
	<hr/>	
Total	\$7,931,966	64
	<hr/> <hr/>	

Unexpended Balances, Special Fund, October 1, 1911

(For new buildings, extraordinary repairs and items not included
in fixed charges and maintenance.)

Chapter 507, Laws 1910 (expires June 18, 1912) .	\$295,342	41
Chapter 513, Laws 1910 (expires June 18, 1912) .	102,598	19
Chapter 529, Laws 1910 (expires June 18, 1912) .	80,445	20
Chapter 441, Laws 1911 (expires July 28, 1913) .	7,649	63
Chapter 505, Laws 1911 (expires July 28, 1913) .	9,550	10
Chapter 811, Laws 1911 (expires July 28, 1913) .	198,132	25
Chapter 819, Laws 1911 (expires July 28, 1913) .	861,770	48
	<hr/>	
Total	\$1,555,488	26
	<hr/> <hr/>	

Trust Funds

Trust estate held by the State Commission in Lunacy, under the provisions of the Insanity Law.

In trust for Bertha Fahr, a patient in the Hudson River State Hospital, under the will of Charles Fahr (husband), principal, \$4,488.47, deposited in Fidelity Trust Company, Buffalo, N. Y., July 27, 1907. Interest rate, 4 per cent.

Maintenance Appropriation for Year Beginning October 1, 1911

Utica	\$264,547 36
Willard	405,392 20
Hudson River	565,014 47
Middletown	376,638 00
Buffalo	372,226 27
Binghamton	425,093 70
St. Lawrence	373,287 82
Rochester	270,572 77
Gowanda	199,709 45
Mohansic	34,963 12
Kings Park	612,734 52
Long Island	166,472 70
Manhattan	695,586 36
Central Islip	623,786 26
<hr/>	
Total	\$5,386,025 00
<hr/>	

Collections from Reimbursing and Private Patients

	1909-1910	1910-1911
Utica	\$33,778 37	\$38,869 82
Willard	22,843 00	22,678 52
Hudson River	38,541 10	43,232 68
Middletown	60,066 31	63,794 53
Buffalo	38,932 97	45,814 79
Binghamton	21,268 00	23,463 76
St. Lawrence	26,745 76	30,400 17
Rochester	20,691 14	24,298 21
Gowanda	13,380 93	18,392 23
Kings Park	39,456 06	50,635 26
Long Island	12,412 35	17,838 50
Manhattan	38,086 37	56,839 24
Central Islip	34,323 97	50,682 49
<hr/>		<hr/>
Totals	\$400,525 73	\$486,940 20
<hr/>		<hr/>

APPROPRIATIONS FOR OFFICE EXPENSES FOR THE YEAR ENDING
SEPTEMBER 30, 1912, PROVIDED BY THE LEGISLATURE OF 1911

Official Salaries

Commissioners	\$17,500 00
Medical inspector	4,500 00
Secretary	5,000 00
Auditor	4,000 00
Treasurer	4,500 00
Inspector of buildings	4,000 00
Inspector of supplies	4,000 00
Engineering services	500 00
Graded employees	20,020 00
Temporary services	1,500 00

Expenses

Commissioners	3,600 00
Medical inspector	1,000 00
Inspector of buildings	1,000 00
Inspector of supplies	1,000 00
Office	7,500 00

Special Agents

Services and expenses	10,000 00
---------------------------------	-----------

Board of Alienists and Psychiatric Institute

Salaries	15,000 00
Traveling expenses	600 00
Employees	4,000 00
Office expenses	1,000 00
Deportation and transfer of aliens	12,600 00
Psychiatric Institute	31,500 00

Total	\$154,320 00
-----------------	--------------

EXPENDITURES FOR ADMINISTRATION

(Including inspection, deportation of aliens and scientific research.)

Salaries

Commissioners	\$17,500 00
Medical inspector	5,208 36
Secretary	5,000 00
Auditor and clerks	15,137 30
Treasurer and clerks	11,159 10
Temporary services	3,503 61
Special agents, services and expenses	9,210 87

Expenses

Commissioners	3,600 00
Office	8,001 55
Engineering services	140 25
Medical inspector	817 70

Board of Alienists

Salaries	15,000 00
Traveling expenses	621 36
Office expenses	918 61
Clerks and interpreters	1,733 83
Deportation and transfer of aliens	14,916 78

Psychiatric Institute

Salaries and expenses	23,507 90
---------------------------------	-----------

Total	\$145,977 22
-----------------	--------------

STATEMENT OF FINANCIAL OPERATIONS FOR THE FISCAL YEAR
1910-1911

On October 1, 1910, an unexpended balance of \$15,976.75 remained in the hands of the treasurer and by legislative act the sum of \$5,547,800.00 was provided for the maintenance of thirteen hospitals during the fiscal year of 1910-11. (No maintenance funds were provided for Mohansic State Hospital, the entire

expenditure of this institution being taken care of by Special Fund appropriations.)

An additional sum of \$540,000.00 for the purpose of meeting current expenses for maintenance of the hospitals became available shortly before the close of the year. Of this amount more than \$486,000.00 had been earned by the hospitals through caring for reimbursing or private patients and the balance of \$25,000.00 was collected from different sources. While this sum was termed "Deficiency Appropriation" it should not be considered as such, for the reason that the Legislature made allowance for this revenue when estimating the amounts required for the maintenance of the hospitals. It was properly a refund to the hospitals, having been turned into the state treasury at the time of collection and being restored to the hospitals at the close of the fiscal year to pay incurred indebtedness beyond the original maintenance appropriation. Of this sum \$492,552.29 was used and the balance of \$17,447.71 was returned to the state treasurer.

The aggregate funds expended for the maintenance of the hospitals were consequently \$6,158,982.05, distributed as follows:

	Balances October 1, 1910	Appropriations	Refunds from collections	Uniform refunds	Manu- facturers department	Total
Utica.....	\$12,907.37	\$265,670.00	\$49,615.74	\$390.47	\$72,640.30	\$401,223.88
Willard.....	194.80	407,175.00	46,957.72	1,072.55	.....	455,400.07
Hudson River.....	488.76	567,200.00	33,151.46	33.93	.....	600,874.15
Middletown.....	47.16	378,125.00	.....	.....	.....	378,172.16
Buffalo.....	141.61	373,745.00	8,902.81	3.92	.....	382,793.34
Binghamton.....	21.80	426,875.00	22,359.64	.....	.....	448,982.63
St. Lawrence.....	175.44	374,735.00	41,189.36	56.72	.....	416,430.33
Rochester.....	47.25	271,660.00	14,609.85	150.15	30,817.16	317,284.41
Gowanda.....	273.01	200,540.00	6,626.02	26.00	.....	207,465.03
Kings Park.....	463.41	615,280.00	52,060.14	2,157.22	.....	669,960.77
Long Island.....	323.52	167,020.00	25,385.83	869.40	.....	193,598.75
Manhattan.....	495.16	772,285.00	118,245.15	703.13	.....	891,728.44
Central Islip.....	397.46	727,490.00	73,448.57	12.00	.....	801,348.03
Total.....	\$15,976.75	\$5,547,800.00	\$492,552.29	\$5,475.49	\$103,457.46	\$6,165,261.99
Less balance Middle- town.....	.....	6,279.94	.....	.....	.....	6,279.94
Total.....	\$15,976.75	\$5,541,520.06	\$492,552.29	\$5,475.49	\$103,457.46	\$6,158,982.05

With the exception of the receipts for uniform material and refunds, all collections are turned into the State treasury. The receipts for uniform material amounted to \$3,273.99 and for refunds \$2,301.50, and the other receipts, which appear under

disbursements as miscellaneous remittances to State treasurer, aggregated \$32,743.71, not including the collections from private and reimbursing patients, the total of which was \$486,940.20, and manufacturing receipts, which were \$115,206.16.

Two institutions, the Rochester State Hospital and the Utica State Hospital, operate manufacturing departments. The output of these plants is sold to the other hospitals at cost.

RECEIPTS FROM BOARD OF PATIENTS 1906-1911 — COMPARATIVE STATEMENT FOR SIX YEARS

Year	Private patients	Reimbursing patients	Total
1906	\$75,411.44	\$197,774.71	\$273,186.15
1907	75,227.99	224,677.05	299,905.04
1908	72,898.04	257,068.64	329,966.68
1909	77,988.77	279,994.89	357,983.66
1910	77,589.18	322,936.55	400,525.73
1911	69,310.68	417,629.52	486,940.20

Other receipts of the hospitals besides the collections from reimbursing and private patients appear in the financial statement as:

Uniform material.—For goods sold to employees for the use of uniforms.

Refunds.—Whenever a refund for excess payment for supplies or wages has occurred.

Interest.—Being interest paid by banks carrying the accounts of the treasurer of State hospitals and the stewards who act as deputy treasurers.

Stewards' sales.—Which comprise disposal of excess farm products or other supplies.

Attorneys' returns.—Which are moneys allowed by the courts as costs to lawyers representing the Commission in Lunacy in legal proceedings.

Ferry receipts.—Comprising the money collected as fare from visitors to Ward's Island.

EXPENDITURES FOR MAINTENANCE

	Disbursements		Appropriations 1911-1912
	1909-1910	1910-1911	
Utica	\$378,535.98	\$401,223.88	\$264,547.56
Willard	479,073.49	455,400.07	405,392.20
Hudson River..	635,700.59	600,874.15	565,014.47
Middletown	350,828.01	371,892.02	376,638.00
Buffalo	404,070.10	382,793.34	372,226.27
Binghamton	452,867.41	448,982.63	425,093.70
St. Lawrence ...	421,941.28	416,430.33	373,287.82
Rochester	347,613.50	317,284.41	270,572.77
Gowanda	212,825.59	207,465.03	199,709.45
Kings Park	621,190.48	669,960.77	612,734.52
Long Island	193,973.99	193,598.75	166,472.70
Manhattan	905,143.87	891,728.44	695,586.36
Central Islip ...	774,117.14	801,348.03	623,786.26
Mohansic . . . . .	.....	.....	34,963.12
	<hr/>	<hr/>	<hr/>
	\$6,177,881.43	\$6,158,982.05	\$5,386,025.00
Balance	15,976.75	6,279.94	.....
	<hr/>	<hr/>	<hr/>
	\$6,193,858.18	\$6,165,261.99	.....
	<hr/>	<hr/>	<hr/>

The amounts given above for the Utica State Hospital and the Rochester State Hospital include expenditures for the manufacturing departments.

SPECIAL FUND

The cost of all improvements, such as equipment, land, new buildings, or addition to existing buildings, extraordinary repairs and all construction work is defrayed from appropriations termed "special fund." The statement gives the chapters of the Laws authorizing these expenditures. The total amount of special fund expenditures was \$1,114,366.87, against \$1,462,521.61 for the previous year. The Mohansic State Hospital expended \$56,190.41, which sum includes disbursements for the maintenance of the institution. As will be seen provision for maintenance of the Mohansic State Hospital is made in this year's appropriation.

UNEXPENDED BALANCES

The only institution carrying a balance from the appropriation of 1910-1911 is the Middletown State Hospital, which has an item of \$6,279.94 for use in the new fiscal year left from the previous period.

S. LOUIS SCHNITZER,

Treasurer, State Hospitals.

**CLASSIFICATION OF SPECIAL FUND EXPENDITURES FOR THE YEAR
ENDING SEPTEMBER 30, 1911, AS REPORTED BY HOSPITALS**

Disbursements for new buildings to be occupied by patients and employees	\$586,975.79
Disbursements for new buildings other than those to be occupied by patients and employees	127,530.00
Extraordinary repairs, renewals, improvements and furniture not included in fixed charges for maintenance	339,744.95
All other items	60,116.13
	<hr/>
Total	\$1,114,366.87
	<hr/> <hr/>

Comparative statement of total and per capita cost of maintenance of patients in the State hospitals for the year ending September 30, 1911

The per capita cost is determined by dividing the total actual expenditures by the average daily population, excluding paroles

	UTICA		WILLARD		HUDSON RIVER		MIDDLETOWN		BUFFALO		BINGHAMTON		ST. LAWRENCE	
	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita
Officers salaries.....	\$17,637 91	\$12 21	\$19,378 35	\$8 33	\$24,266 86	\$8 18	\$18,805 15	\$9 62	\$18,969 74	\$9 75	\$19,498 14	\$8 16	\$20,050 07	\$10 61
Wages.....	113,696 39	78 68	178,198 29	76 64	205,306 77	69 31	132,719 15	67 50	128,222 94	65 89	156,434 83	65 48	141,342 80	74 78
Provisions.....	77,956 18	53 95	124,036 19	53 35	175,616 90	59 28	129,736 06	63 98	126,226 56	64 86	134,394 75	56 23	111,838 21	59 17
Stores.....	5,086 59	3 52	5,402 65	2 32	7,412 11	2 50	4,886 08	2 49	4,080 65	2 10	10,471 44	4 38	4,321 49	2 28
Communications.....	7,909 40	5 53	6,086 00	2 62	10,389 90	3 50	5,243 96	2 66	8,682 69	4 46	2,607 97	1 09	7,322 40	3 98
Ordinary repairs.....	5,331 50	3 69	12,765 23	5 47	10,684 93	3 60	6,646 47	3 38	11,189 52	5 75	9,152 77	3 83	14,820 33	7 85
Farm and grounds....	11,338 98	7 85	13,718 95	5 90	13,859 54	4 68	4,821 75	2 45	2,076 69	1 07	17,096 80	7 16	14,879 51	7 83
Clothing.....	7,033 76	4 87	14,947 78	6 43	14,227 42	4 80	7,153 45	3 63	12,288 21	6 31	15,832 11	6 63	12,390 82	6 56
Furniture and bedding	8,954 87	6 22	13,027 53	5 60	8,298 28	2 80	7,973 29	4 95	13,914 86	7 15	9,695 36	4 05	8,776 68	4 70
Books and stationery..	1,831 23	1 27	1,375 09	59	3,235 83	1 11	1,882 67	95	2,062 63	1 06	2,691 16	1 09	2,471 11	1 31
Fuel and light.....	25,742 75	17 82	33,056 91	14 22	67,408 76	22 82	29,072 51	14 79	28,846 31	14 82	41,530 06	18 64	50,920 24	26 94
Medical supplies.....	1,572 44	1 09	1,843 65	79	4,304 93	1 45	2,939 07	1 49	1,871 60	96	2,738 02	1 15	1,927 50	1 02
Miscellaneous ex- penses.....	7,794 15	5 39	11,183 17	4 81	14,710 83	4 97	7,358 97	3 74	10,653 89	5 47	10,598 51	4 40	11,172 78	5 91
Transportation.....	2,283 49	1 58	2,729 10	1 17	4,974 81	1 68	1,188 91	60	863 59	44	2,391 14	1 00	4,627 87	2 15
Total.....	\$294,280 64	\$203 67	\$437,750 89	\$188 24	\$564,737 87	\$190 68	\$360,427 49	\$183 31	\$369,949 76	\$190 09	\$437,976 06	\$183 33	\$407,061 81	\$215 38

Comparative statement of total and per capita cost of maintenance of patients in the State hospitals for the year ending
September 30, 1911—(concluded)

	ROCHESTER		GOWANDA		KINGS PARK		LONG ISLAND		MANHATTAN		CENTRAL ISLIP		ALL HOSPITALS	
	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita	Total	Per capita
Officers salaries.....	\$19,237 37	\$13 79	\$14,784 74	\$13 58	\$31,242 02	\$9 36	\$13,211 70	\$17 66	\$43,284 81	\$9 67	\$36,490 24	\$8 74	\$296,857 10	\$9 85
Wages.....	99,426 58	71 20	73,863 04	67 83	214,437 32	64 28	57,739 41	77 19	283,733 66	63 36	241,511 03	57 86	2,026,632 21	67 23
Provisions.....	78,563 48	56 32	49,550 93	45 50	218,568 97	65 50	64,999 30	86 90	303,012 24	63 80	259,455 22	62 16	1,853,964 99	61 67
Stores.....	6,092 51	4 37	4,048 84	3 72	8,257 09	2 47	2,770 07	3 70	15,152 55	3 39	11,406 38	2 73	89,383 45	2 95
Commutations.....	6,625 45	4 75	2,104 90	1 91	8,468 60	2 54	2,961 75	3 96	6,316 52	1 41	6,428 77	1 54	81,428 15	2 70
Ordinary repairs.....	4,124 08	2 96	5,570 58	5 12	9,678 52	2 90	5,465 31	7 31	31,542 90	7 04	15,831 77	3 80	142,853 91	4 74
Farm and grounds.....	3,465 90	2 49	11,054 24	10 15	9,789 68	2 93	3,708 64	4 96	18,552 87	4 14	10,973 93	2 63	135,337 45	4 49
Clothing.....	8,676 81	4 07	5,661 58	5 20	22,308 07	6 68	3,898 01	5 12	31,545 83	7 01	31,083 39	7 45	183,976 94	6 10
Furniture and bedding.....	8,139 84	5 86	4,190 98	3 85	13,646 60	4 69	6,851 26	9 16	19,724 21	4 40	15,187 59	3 64	140,411 35	4 66
Books and stationery.....	1,760 01	1 26	1,391 40	1 28	4,639 05	1 39	1,746 71	2 34	6,224 97	1 39	3,340 92	80	34,625 78	1 15
Fuel and light.....	29,461 36	21 12	21,723 18	19 95	43,798 82	13 09	11,231 02	15 01	35,366 66	7 90	67,106 27	16 08	488,264 85	16 29
Medical supplies.....	1,545 33	1 11	936 26	86	6,449 01	1 93	1,701 49	2 27	5,745 60	1 28	3,107 14	74	3,670 04	1 22
Miscellaneous expenses.....	7,718 22	5 53	8,785 98	8 07	18,909 90	5 67	10,426 80	13 94	34,673 13	7 74	21,251 88	5 09	175,150 21	5 84
Transportation.....	7,542 75	39	1,472 35	1 35	3,027 03	91	127 30	17	620 71	14	3,115 95	75	27,965 00	93
Total.....	\$272,379 69	\$195 25	\$205,138 70	\$188 37	\$615,280 68	\$184 38	\$186,767 77	\$249 69	\$840,496 66	\$187 69	\$726,350 41	\$174 02	\$5,718,618 43	\$189 71

Average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending
September 30, 1911—(continued)

STAPLE ARTICLES	BUFFALO		BINGHAMTON		ST. LAWRENCE		ROCHESTER		GOWANDA	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.08	\$13.746	\$0.085	\$18.261	\$0.0872	\$17.735	\$0.0809	\$13.329	\$0.0814	\$12.66
Poultry, per pound.....	.154	.431	.195	.465	.2449	.36386	.1885	.467	.15	.457
Wheat flour, per barrel.....	4.236	5.502	4.191	6.007	4.4238	5.3925	4.321	5.818	4.46	5.453
Butter, per pound.....	.256	9.474	.244	9.458	.2389	8.868	.2719	5.649	.257	7.822
Cheese, per pound.....	.131	.943	.129	1.104	.111	.861	.118	.674	.126	.761
Eggs, per dozen.....	.2106	3.883	.210	5.173	.16842	2.999	.2194	3.267	.186	2.532
Tea, per pound.....	.1465	1.737	.146	.487	.1475	.46785	.1464	.403	.1467	1.908
Coffee, per pound.....	.153	1.754	.159	2.144	.1568	2.0288	.1487	1.967	.152	1.446
Sugar, per hundred weight.....	5.224	2.677	.048	2.766	4.943	2.77	4.9575	2.9941	4.784	2.384
Milk (fresh), per gallon.....	.159	10.078	.16	9.545	.4596	1.0816	.1787	10.310	.....	.....
Milk (condensed), per gallon.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Liquor, per gallon.....	1.89	.059	2.016	.124	1.149	.1022	2.0846	.0766	1.95	.036
Coal, per ton.....	1.927	14.358	2.142	20.989	3.143	27.1734	3.39	14.757	2.207	26.18

Average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1911—(concluded)

STAPLE ARTICLES	KINGS PARK		LONG ISLAND		MANHATTAN		CENTRAL ISLIP	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.826	\$18.5868	\$0.0825	\$20.02	\$0.0358	\$17.0548	\$0.082	\$15.947
Poultry, per pound.....	.1864	.3825	.1676	.9091	.1645	.7368	.176	.3931
Wheat flour, per barrel.....	3.4694	4.848	4.838	.6566	4.36	5.667	4.45	5.167
Butter, per pound.....	.2521	10.108	.2402	9.7256	.2434	9.1495	.2436	9.6818
Cheese, per pound.....	.1172	.808	.10406	.8413	.1177	.9264	.118	.865
Eggs, per dozen.....	.2171	4.2575	.2137	4.174	.2132	4.1412	.2147	3.729
Tea, per pound.....	.1478	.3778	.1466	.469	.1466	4.733	.1465	.435
Coffee, per pound.....	.1496	1.8411	.15	2.038	.1541	2.0303	.1522	1.778
Sugar, per hundred weight.....	4.89	2.5342	4.729	2.738	4.72	2.6373	4.70	2.429
Milk (fresh), per gallon.....	.2238	5.8741	.2209	10.188	.1832	3.6037	.226	.72
Milk (condensed), per gallon.....	.6658	5.9181	.652	3.141	.6296	6.3153	.6632	8.893
Liquor, per gallon.....	2.065	.0523	.....	.....	2.064	.0516	1.90	.0487
Coal, per ton.....	2.3318	13.5693	2.8128	12.366	1.917	9.3529	2.81	18.381

General statement of the State hospitals, year ending September 30, 1911

STATE HOSPITAL	Date of opening	Area of grounds Acres	Area under cultivation Acres	Value of real estate	Value of personal property	VALUE OF PRODUCTS	
						Farm and garden	Manufactured by patients
Utica.....	1843	455	340	*\$1,663,300	\$165,000	\$24,895	\$12,500
Willard.....	1869	1,217	848	*2,166,900	218,300	61,555	27,840
Hudson River.....	1871	812	422	*3,253,425	387,251	23,987	32,674
Middletown.....	1874	281	120	*1,682,300	135,000	16,107	6,500
Buffalo.....	1880	183	69	*3,030,100	120,000	8,205	23,679
Binghamton.....	1881	1,113	700	*2,675,956	300,000	49,624	22,000
St. Lawrence.....	1890	1,015	538	2,584,475	151,586	50,778	33,213
Rochester.....	1891	217	147	*913,700	55,985	11,641	16,782
Gowanda.....	1898	500	221	*983,250	159,118	26,325	6,249
Mohansic.....	1910	564	250	152,555	14,191	4,618	.....
Kings Park.....	1885	835	155	*3,423,900	222,670	16,063	25,629
Long Island.....	1895	25	10	†.....	77,000	†.....	†.....
Manhattan.....	1896	245	68	4,383,000	340,660	25,871	62,101
Central Islip.....	1889	1,000	270	*3,077,905	163,276	16,684	35,776
Total.....	.....	8,462	4,158	\$29,990,766	\$2,510,037	\$336,553	\$304,943

* As appraised by George F. Picken, 1911-1912.

† Not reported.

Fuel and light, year ending September 30, 1911

(As reported by superintendents of respective hospitals)

STATE HOSPITAL	Total annual cost	Annual per capita cost	Total number of tons of coal consumed	Average purchase price of coal per ton
Utica.....	\$25,746 70	\$17.26	7,477.15	\$3 452
Willard.....	33,056 91	14.218	12,151.23	2 661
Hudson River.....	78,899 88	26.4174	23,086.15	3 36
Middletown.....	33,265 99	16.60	11,409.65	2 763
Buffalo.....	29,938 22	15.38	14,495	1.927
Binghamton.....	50,446 77	20.989	19,351	2.142
St. Lawrence.....	54,332 43	27.568	15,954.5	3.143
Rochester.....	32,844 59	22.527	9,689.1	3.39
Gowanda.....	23,011 82	20.922	10,186	2.207
Mohansic.....	986 57	46.97	161	6.15
Kings Park.....	44,915 23	13.23	16,417.81	2.332
Long Island.....	9,386 13	12.366	3,336.83	2.813
Manhattan.....	42,694 55	9.24	22,543	1.917
Central Islip.....	103,447 04	18.581	36,811.25	2.81
Total.....	\$562,972 83	\$18.19	203,069 67	\$2,772

Medical service

(As reported by superintendents of respective hospitals)

STATE HOSPITAL	Number of physicians including superintendents and internes	Number of patients to each physician	Annual per capita cost of medical service
Utica.....	8	183	\$10.21
Willard.....	12	193	8.334
Hudson River.....	17	170	8.124
Middletown.....	9	223	8.017
Buffalo.....	11	177	8.72
Binghamton.....	14	171.7	7.493
St. Lawrence.....	13	151.6	8.702
Rochester.....	10	146	11.045
Gowanda.....	8	130.7	10.803
Mohansic.....	1	50	.....
Kings Park.....	23	148	9.203
Long Island.....	6	126	14.58
Manhattan.....	30	154	8.26
Central Islip.....	23	188	7.788
Total.....	185	167.8	*\$8.757

* Does not include Mohansic.

Employees

(As reported by superintendents of respective hospitals)

STATE HOSPITAL	A. ALL EMPLOYEES				
	NUMBER			Number of patients to each employee	Annual per capita cost
	Men	Women	Total		
Utica.....	140	161	301	4.95	\$76.25
Willard.....	244	252	496	4.687	76.644
Hudson River.....	316	257	573	5	68.732
Middletown.....	195	201	396	5.06	66.227
Buffalo.....	168	190	358	5.4	65.89
Binghamton.....	275	197	472	5	65.089
St. Lawrence.....	173	231	404	4.878	71.717
Rochester.....	126	155	281	5	68.194
Gowanda.....	128	78	206	5.34	67.155
Mohansic.....	11	4	15	2.28	*.....
Kings Park.....	315	292	607	5.59	63.18
Long Island.....	90	75	165	4.59	75.959
Manhattan.....	399	398	797	5.8	61.407
Central Islip.....	451	243	694	6.21	55.957
Total.....	3,031	2,734	5,765	5.386	\$65.485

* Data lacking. Hospital in process of development.

STATE HOSPITAL	B. NURSES AND ATTENDANTS			
	NUMBER			Number of patients to each nurse and attendant
	Men	Women	Total	
Utica.....	79	96	175	8.52
Willard.....	135	132	267	8.707
Hudson River.....	173	203	376	8
Middletown.....	95	160	255	7.86
Buffalo.....	86	107	193	10
Binghamton.....	189	147	336	7.1
St. Lawrence.....	76	161	237	9.904
Rochester.....	69	124	193	7
Gowanda.....	64	57	121	9.09
Mohansic.....	2	.....	2	25
Kings Park.....	162	233	395	8.5
Long Island.....	47	52	99	7.65
Manhattan.....	209	278	487	9.48
Central Islip.....	301	206	507	8.51
Total.....	1,687	1,956	3,643	8.523

CHANGE IN PERSONNEL OF THE COMMISSION.

On March 9, Honorable Herbert P. Bissell was appointed Commissioner to succeed Honorable Sheldon T. Viele, whose term as Commissioner had expired on January 1, 1911. Mr. Bissell is a prominent member of the Erie county bar.

RETIREMENT OF COMMISSIONER VIELE

After four years of disinterested devotion to the welfare of the insane and the upbuilding of the Commission's legal department, serving under appointments by both Governors Higgins and Hughes, Commissioner Sheldon T. Viele retired from office on the 9th day of March, 1911. Mr. Viele's previous experience in civic work and in civil service reform had specially equipped him for the work of the department, and his humane and sympathetic nature found fine exercise in alleviating the unfortunate condition of the insane.

ESTIMATES FOR THE YEAR 1912-1913

In compliance with the statute, the Commission submits below estimates of the total amounts required for the maintenance of the State hospital system, of the State Board of Alienists or State Board of Deportation Officers, of the scientific institute of the State hospitals (the Psychiatric Institute), and the State Commission in Lunacy, for the year beginning October 1, 1912:

It estimates that for the year beginning October 1, 1912, the average daily number of patients will be 33,000 and the average daily number of officers and employees 6,100. It respectfully requests an appropriation of \$6,182,563 to cover the fixed charges of the institutions, viz., all items of maintenance, including salaries and wages of employees, clothing, medical supplies, etc.

For the maintenance of the large manufacturing departments at Utica and Rochester an additional appropriation of \$125,000 will be required.

For the maintenance of the State Commission in Lunacy, the Psychiatric Institute, the Board of Deportation Officers, including cost of deportation of aliens, expenses of special agents, etc., the sum of \$160,720 will be required, and for the bureau of treasurer of the State hospitals \$13,600.

To the above should be added the following amounts required for extraordinary improvements and additions to existing establishments to meet, at least in part, the requirements of the year in the way of additional accommodations and for other purposes:

For additional accommodations and extraordinary improvements to existing buildings (see details following), including fire protection as recommended by the State Fire Marshal....	\$2,877,978 75
For emergency purposes (1 per cent of the total valuation of the State hospitals).....	280,000 00
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Total amount required for extraordinary purposes	\$3,157,978 75
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Grand total required for all purposes.....	\$9,639,144 02
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In the succeeding tables in parallel columns will be found, first, the requests of the managers and superintendents of the State hospitals for appropriations to meet requirements at each institution in the line of additional accommodations and for extraordinary repairs; second, the items which, after careful consideration, the Commissioners have found it requisite to recommend for legislative and executive consideration. As has heretofore been the case, many important items have been omitted from the Commission's list of recommendations, and these must await a larger available balance in the State treasury before the plans of the managers can be carried out.

With the funds appropriated for all the State hospitals at the request of the Commission in 1911, it seems altogether likely that the overcrowding during the coming year will be reduced from 3,144 to 1,800 (even though the natural increase of the coming year be included) before September 30, 1912. The items providing for additional accommodations which are found in the lists recommended by the Commission would provide additional accommodations for 2,290 before the close of 1913, as follows:

Hudson River State Hospital:	Number of beds
Tuberculosis building	125
Attendants' home (releasing accommodations for patients)	50
Equipment of third story nurses' home (releasing accommodations for patients)	40
Buffalo State Hospital:	
Tuberculosis pavilion	25
St. Lawrence State Hospital:	
Addition to employees' cottage (releasing accommodations for patients)	50
Rochester State Hospital:	
Nurses' home (releasing accommodations for patients) .	150
Building for infirm patients	150
Building for violent men patients	50
Manhattan State Hospital:	
Nurses' home (releasing accommodations for patients) .	200
Building for patients	200
Additional accommodations for tubercular men	50
Kings Park State Hospital:	
Attendants' home (releasing accommodations for patients)	300
Long Island State Hospital, Flatbush:	
Additional buildings on Creedmoor site	300
Mohansie State Hospital:	
Buildings for the accommodation of	600
Grand total	2,200

If, as above stated, the Legislature grants funds for the extension of existing establishments, including Mohansic, it is hoped that the deficiency in accommodations will be met before the close of 1913.

REQUESTS OF THE STATE HOSPITALS FOR LEGISLATIVE APPROPRIATIONS IN 1912

UTICA STATE HOSPITAL

No legislative requests considered, pending settlement of site question, etc.

WILLARD STATE HOSPITAL

	Original list	Revised list
Improvements to heating system.	\$8,500 00	\$8,500 00
New sorting room for laundry..	8,700 00	.....
Enlarging six sink rooms.....	3,000 00	3,000 00
Verandas, Chapin House and Edgemere	3,000 00	.....
Stone crusher	1,750 00	1,750 00
Gasoline traction engine.....	2,200 00	2,200 00
Hardenbrook lot opposite Buttonwood, 1½ acres.....	600 00	600 00
New floors, dining rooms, The Maples	5,000 00	5,000 00
Total	<u>\$32,750 00</u>	<u>\$21,050 00</u>

HUDSON RIVER STATE HOSPITAL

	Original list	Revised list
Nurses' home, main building....	\$65,000 00	.....
Staff house	30,000 00	.....
Hospital for tuberculous insane..	100,000 00	\$75,000 00
Addition to dining-room, central group	6,000 00	6,000 00
New trolley station.....	3,080 00	3,080 00
Winslow farm, 56 acres.....	10,000 00	10,000 00
Roads, walks and grading.....	3,500 00	2,000 00
Renovation of two cottages.....	7,000 00	7,000 00

	Original list	Revised list
Laundry equipment	\$8,000 00	\$8,000 00
Renovation and new trim, wards 4 and 8	2,200 00	2,200 00
Addition to steward's office	5,600 00	5,600 00
Fences and gates	3,000 00	3,000 00
Painting	5,000 00	5,000 00
Addition to main kitchen	3,000 00	3,000 00
Roof over coal pockets (new part)	2,900 00	2,900 00
Repairs to infirmary wards	4,000 00	4,000 00
Cow barn (100 cattle)	12,000 00	12,000 00
Attendants' home at cottages	25,000 00	25,000 00
Finishing third-story space for nurses . . . . .	.....	20,000 00
Poultry house	1,600 00	1,600 00
Rebuilding and extending outside lighting lines; new telephone cables and switchboard	5,000 00	5,000 00
Coal-handling apparatus, central plant	3,700 00	3,700 00
Side track to bakery	864 00	864 00
Track scale, 100 ton, including installation	1,450 00	1,450 00
Dish-washing machine	510 00	510 00
Total	<u>\$308,404 00</u>	<u>\$206,904 00</u>

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

	Original list	Revised list
Laboratory and mortuary building	\$10,000 00	\$10,000 00
Addition to electric light plant . . .	6,000 00	6,000 00
Removing barns to new sites and water connections	9,800 00	.....
Piggery and slaughterhouse	4,000 00	4,000 00
Industrial shop and equipment	7,000 00	7,000 00
New walks	2,500 00	2,500 00
Painting	1,500 00	1,500 00

	Original list	Revised list
Ice house	\$1,800 00	\$1,800 00
Additional land and removing railroad switch	10,000 00	10,000 00
Converting old boiler house into mechanical shops, including equipment	8,000 00	8,000 00
Equipment of new boiler house, boilers, tanks, electric plant, etc., and moving old equipment	25,000 00	25,000 00
New ovens in bakery.....	5,000 00	5,000 00
Additional land (250 acres)....	25,000 00	25,000 00
Fencing	3,000 00	.....
Store house	10,000 00	10,000 00
Dairy herd	3,000 00	3,000 00
Removing and enlarging con- tagious pavilion	2,000 00	2,000 00
Labor and material for draining, land	2,500 00	2,500 00
Total	<u>\$136,100 00</u>	<u>\$123,300 00</u>

BUFFALO STATE HOSPITAL

	Original list	Revised list
Tuberculosis pavilion for men....	\$10,400 00	\$10,400 00
New verandas	7,500 00	.....
Coal conveyor	3,500 00	3,500 00
Railroad track scales.....	1,380 00	1,380 00
Refrigerating plant	15,060 00	15,060 00
Changing water closets, wards 13, 14 and 15.....	1,000 00	1,000 00
Additional telephone cables; re- newing heating and plumbing, ward 1	1,100 00	1,100 00
Addition to bakery, etc.....	4,500 00	4,500 00
Total	<u>\$44,440 00</u>	<u>\$36,940 00</u>

BINGHAMTON STATE HOSPITAL

	Original list	Revised list
Surgical pavilion and chemical laboratory	\$15,000 00	.....
Reconstruction electric lighting system	60,000 00	\$60,000 00
Bins and conveyors for coal....	3,000 00	3,000 00
Addition to laundry.....	22,000 00	22,000 00
Addition to bakery.....	2,100 00	2,100 00
Rebuilding general storehouse...	4,500 00	.....
Club rooms, women employees..	6,000 00	.....
Painting	7,500 00	3,750 00
Roads, walks and concrete flooring	3,000 00	3,000 00
Concrete machinery, forms, etc...	1,000 00	1,000 00
Farm fencing	1,000 00	1,000 00
New building for women patients (cost not given).....	.....	.....
Total	\$125,100 00	\$95,850 00

ST. LAWRENCE STATE HOSPITAL

	Original list	Revised list
Addition to farm, 208 acres....	\$10,500 00	\$10,500 00
Addition to employees' cottage, 50 employees	32,000 00	32,000 00
Enlarging boiler house, etc.....	31,000 00	31,000 00
Addition to piggery.....	2,500 00	.....
Building for carpenter and blacksmith shop	6,500 00	6,500 00
Extension of coal trestle.....	2,500 00	2,500 00
New return lines, infirmary and group 3	2,700 00	2,700 00
Automobile truck	3,500 00	.....
Coal and ash handling machinery	2,400 00	2,400 00
New root cellar.....	2,000 00	2,000 00
Total	\$95,600 00	\$89,600 00

ROCHESTER STATE HOSPITAL

	Original list	Revised list
Nurses' home, 150 employees....	\$85,000 00	\$85,000 00
Improvement patients' quarters, Lake farm	7,500 00	7,500 00
Shops for industries.....	8,000 00	8,000 00
Porch and veranda.....	4,500 00	.....
Building for infirm patients, 150	82,500 00	82,500 00
Cottage for violent men patients, 50	27,500 00	27,500 00
Total	<u>\$215,000 00</u>	<u>\$210,500 00</u>

GOWANDA STATE HOMEOPATHIC HOSPITAL

	Original list	Revised list
Mill dam, and water power.....	.....	\$4,000 00
Reception hospital	\$100,000 00	.....
Dodman farm, (150 acres).....	.....	12,750 00
Stebbins farm, (80 acres).....	10,000 00	10,000 00
Addition to laundry and equip- ment	12,000 00	12,000 00
Traction engine	1,400 00	1,400 00
Coal and ash handling ma- chinery	1,500 00	1,500 00
Mortuary building and labora- tory	10,000 00	10,000 00
Total	<u>\$134,900 00</u>	<u>\$51,650 00</u>

MOHANSIC STATE HOSPITAL

	Original list	Revised list
Additional land, 174½ acres....	\$51,800 00	.....
Horse barns	14,000 00	\$14,000 00
Dairy barns	13,000 00	13,000 00
Thresher, ensilage cutter and 2 wagons	1,000 00	1,000 00

	Original list	Revised list
Horses, one team (2).....	\$500 00	\$500 00
Gasoline truck	3,500 00	3,500 00
Roads and walks.....	1,000 00	1,000 00
Furniture	800 00	800 00
General repairs	1,000 00	.....
Nursery for trees, shrubs, etc..	500 00	.....
Power plant and equipment.....	100,000 00	100,000 00
Laundry and equipment.....	57,000 00	57,000 00
Storehouse, cold storage and equipment	62,500 00	62,500 00
Bakery and equipment	20,000 00	20,000 00
Administration building and equipment	50,000 00	.....
Water and sewage disposal.....	100,000 00	100,000 00
New group for six hundred patients, with dining room and kitchen building	420,000 00	420,000 00
Total	<u>\$896,600 00</u>	<u>\$793,300 00</u>

MANHATTAN STATE HOSPITAL

	Original list	Revised list
Cement	\$1,250 00	\$1,250 00
Broken stone	2,000 00	2,000 00
Furniture	5,000 00	5,000 00
East dock	8,000 00	8,000 00
Steam kettles and kitchen equip- ment	2,000 00	2,000 00
Carpenter and engineering shop machinery	3,000 00	3,000 00
Assembly hall	8,000 00	8,000 00
Nurses' home	100,000 00	90,000 00
Medical library	1,000 00	1,000 00
Buildings for 200 patients.....	150,000 00	150,000 00
Addition to tuberculosis camp, men, including dining room	5,000 00	5,000 00

	Original list	Revised list
Mortuary.	\$10,000 00	\$10,000 00
New locks	7,500 00	7,500 00
Underground conduits	10,000 00	10,000 00
Extension to refrigerating plant	10,000 00	10,000 00
Administration building (figures not given) . . . . .	.....	.....
Therapeutic equipment, new cot- tages	4,000 00	4,000 00
Total	\$326,750 00	\$316,750 00

KINGS PARK STATE HOSPITAL

	Original list	Revised list
Administration building	\$35,000 00	.....
Electrical equipment, clinic room	1,350 00	.....
Fire proof building for indus- tries	30,000 00	\$30,000 00
Flour storage building.	12,000 00	12,000 00
Laboratory and mortuary.	12,000 00	12,000 00
Elevators, six, for new build- ings	13,200 00	13,200 00
New building for mechanical shops	6,300 00	6,300 00
Feed water heater, coal pockets and electrical equipment.	91,300 00	99,000 00
Broken stone	1,500 00	1,500 00
Coal charging wagons, 10.	720 00	720 00
Addition to refrigeration plant, ice making machinery and changes in cold storage facili- ties	17,500 00	17,500 00
Attendants' home for 300 em- ployees	150,000 00	150,000 00
Amusement hall	40,000 00	.....
Steel ceilings, plastered side walls and renovation of sixteen cot- tages	22,145 00	.....

	Original list	Revised list
Two buildings, acute and hospital cases, 200.....	\$200,000 00	.....
Buildings for 600 chronic patients.....	300,000 00	.....
Three two-family houses for physicians.....	36,000 00	.....
Additional medical quarters....	.....	\$12,000 00
New boiler, resetting one boiler, etc.....	6,000 00	6,000 00
Providing additional heat, different wards	3,610 00	3,610 00
Rewiring buildings A, B, C and D	18,000 00	18,000 00
Underground conduits, cottages, and telephone equipment	3,500 00	3,500 00
Fencing.....	5,500 00	5,500 00
Reconstruction of power house, including coal pockets; also remodeling the electric light plant with water heaters, etc..	99,000 00	.....
Total	<u>\$1,104,625 00</u>	<u>\$390,830 00</u>

LONG ISLAND STATE HOSPITAL

	Original list	Revised list
Laundry building and equipment.	\$30,000 00	\$30,000 00
Storehouse and cold storage plant and equipment.....	30,000 00	30,000 00
Repairing front and rear porches	1,375 00	1,375 00
Root cellar.....	800 00	800 00
Making and installing iron pipe stanchions	450 00	450 00
Hospital buildings on Creedmoor site . . . . .	.....	250,000 00
Total	<u>\$62,625 00</u>	<u>\$312,625 00</u>

CENTRAL ISLIP STATE HOSPITAL

	Original list	Revised list
Group for reception and acute cases (200)	\$200,000 00	.....
Additional medical quarters (Dr. Heyman)	10,000 00	\$10,000 00
Enlargement of amusement hall..	8,000 00	8,000 00
Cottage for steward.....	8,000 00	.....
Enlarging first floor, administration building	10,000 00	10,000 00
Fences and cement walks.....	1,300 00	1,300 00
Additional for coal trestle at north colony power plant.....	8,124 00	8,124 00
Water supply, north colony power plant	6,100 00	6,100 00
Conduit and steam pipe line.....	25,000 00	25,000 00
Furniture and equipment for new group (360)	12,000 00	12,000 00
Furniture and equipment for 3 patients' (360) and 1 employees' dining rooms	5,000 00	5,000 00
Four 150-horsepower boilers, to replace	11,000 00	11,000 00
Hot water system, one group, south colony	2,500 00	2,500 00
Total	\$309,024 00	\$99,024 00

FIRE PROTECTION

For fire protection at the State hospitals listed below for the purchase of fire engines, chemical engines, fire extinguishers, fire escapes, rewiring dangerous places, standpipes, hose, fire engine houses, changing doors to swing outward, and other items of fire apparatus and for fire protection, the amounts listed below, as follows:

Willard State Hospital.....	\$16,010 00
Hudson River State Hospital.....	26,460 75
Middletown State Homeopathic Hospital.....	4,000 00

Kings Park State Hospital.....	\$38,885 00
Manhattan State Hospital.....	41,300 00
Central Islip State Hospital.....	13,000 00
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Total.....	\$139,655 75
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RECAPITULATION OF REQUESTS FOR LEGISLATIVE APPROPRIATIONS FOR 1912

Utica State Hospital—Deferred pending decision as to removal to a new site.

	Original list	Revised list
Willard State Hospital.....	\$32,750 00	\$21,050 00
Hudson River State Hospital....	308,404 00	206,904 00
Middletown State Homeopathic Hospital	136,100 00	123,300 00
Buffalo State Hospital.....	44,440 00	36,940 00
Binghamton State Hospital....	125,100 00	95,850 00
St. Lawrence State Hospital....	95,600 00	89,600 00
Rochester State Hospital.....	215,000 00	210,500 00
Gowanda State Homeopathic Hos- pital	134,900 00	51,650 00
Mohansic State Hospital.....	896,600 00	793,300 00
Manhattan State Hospital.....	326,750 00	316,750 00
Kings Park State Hospital.....	1,104,625 00	390,830 00
Long Island State Hospital.....	62,625 00	312,625 00
Central Islip State Hospital.....	309,024 00	99,024 00
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Totals.....	\$3,791,918 00	\$2,748,323 00
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GENERAL

Amount required by Commission for miscel- laneous repairs, improvements, emergencies and equipment	\$270,000 00
Fire protection	139,655 75
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Grand total	\$3,157,978 75
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EXAMINATION BY THE AUDIT COMPANY OF NEW YORK

As is frequently stated throughout this report, a searching examination into the methods of accounting, auditing, care of State property, and general administration of the Albany office and of the steward's departments in the various hospitals, was made by the Audit Company of New York, commencing November 7, 1910, and closing in March, 1911. With the exception of a very important irregularity in the Albany office, which is set forth upon another page, the theft of meat at Manhattan State Hospital, which is discussed in another part of this report, and the repeated instances of lax methods at some of the hospitals, very little was found to criticize in the loyalty, ability or actual performance of duty by any of the officials or employees whose accounts and methods were examined. In many instances, the checks which form an essential part of the system of bookkeeping, which had been installed by the Commission many years ago, had fallen into neglect, many of the storekeepers taking it for granted that all employees were strictly honest, and many failing to make use of scales in issuing or receiving supplies. Deficiencies of this kind were detected as a result of the examination of the Audit Company, and less cumbersome methods of bookkeeping were introduced with a view to lightening the labors of the steward's department. A few of the recommendations of the Audit Company are not applicable to the conduct of such a department as this, while they would be imperative, for instance in a manufactory. The adoption of most of the recommendations of the Audit Company has resulted necessarily in an increase in clerical help and therefore in the maintenance expenses of the hospitals.

**STUDY AND INVESTIGATION OF HOSPITAL METHODS IN THE CARE
AND USE OF STATE PROPERTY**

In the spring of 1910 it was decided by the Commission to make a very careful study of the methods of accounting in the office of the Commission and in the different hospitals, and also in regard to the method of receiving, distributing and accounting for property received at the several hospitals, and to have this work done by disinterested experts; the Audit Company of New York was engaged for this purpose. They began their work

November 7, 1910, at the office of the Commission and at the Manhattan State Hospital, November 14, 1910.

On the 20th of November, Hon. Raymond B. Fosdick, Commissioner of Accounts of the City of New York, who was then investigating the city institutions, discovered the theft of meat from Ward's Island. It was subsequently discovered that many of the eggs delivered to the hospitals were below the standard stated in the specifications and in the contracts. The special report, submitted to the Legislature in January, 1911, and printed with this report, sets forth, among other matters, important facts connected with the theft of meat and the character of the eggs delivered to the hospitals.

The original scope of the work of the Audit Company, as planned by the Commission, was in consequence of the discovery of theft, greatly enlarged, and it was commissioned to make a thorough and exhaustive examination of every department of the Commission's work for the purpose of securing conclusive evidence as to whether or not there were irregularities. A discrepancy of over \$8,000 was found in the accounts of the State hospitals' treasurer in the office of the Commission. The facts of the matter were laid before the district attorney of the county and the treasurer was dismissed. The State suffered no financial loss by reason of the action of the treasurer. No other instance of dishonesty was discovered, but the report of the Audit Company, after more than four months of the most careful work, did bring out the fact that at certain hospitals the methods of weighing and accounting were not in accordance with the system established and demanded by the Commission, nor as careful and complete as was necessary for the best protection of the State's interests. It recommended a system of accounting which is being put into operation. It is the intention of the Commission to give this system so recommended a full and complete trial, making such modifications or changes as the practical work done under its proposed system may suggest, with the view to securing a careful and thorough method of accounting for all State property, in order certainly to reduce to a minimum, if not to eliminate entirely the possibility of waste or theft.

The report of the Audit Company disclosed certain conditions

in the manufacturing department of the Rochester State Hospital, which made it apparent that more business-like methods of handling State property were imperative. The Commission supplemented the investigation of the Audit Company at that hospital by a very thorough investigation made by themselves, immediately following which the steward tendered his resignation.

MODERN BUSINESS METHODS

After the exhaustive examination above referred to into the working of the department with respect to the system of accounts in use at the office in Albany, as well as the system followed in all of the hospitals, many changes in methods of bookkeeping and in the general administration and methods of purchasing and distributing supplies were effected during the year. The commissioners have introduced new methods which provide for:

Strict supervision of all financial transactions by a system of prompt auditing.

Standardizing of food stuffs and other merchandise, thereby reducing the cost of supplies.

Improvement of the estimate system with a view to saving time and also effecting economies.

Prevention of waste and of wrong doing by keeping a constant check on quantities, quality and price of supplies.

The investigation by the Audit Company of New York, was followed by the adoption of all of the practicable changes recommended by the company and put in operation.

In reorganizing the fiscal branch of the department, the commissioners have improved conditions and arranged for a system of keeping the accounts in such manner as shall disclose at all times the actual financial status of each hospital.

An appraisal of the land and buildings under the control of the Commission has been instituted, no book records of the original cost or purchase price having been kept. A detailed and accurate inventory of supplies on hand is now taken at the end of the fiscal year, thereby arriving at a more reliable estimate of the per capita cost of maintenance than has been possible in previous years.

The handling of funds by stewards, who act as deputy treasurers,

has been regulated, the revenue from different sources being now received at the central office at stated periods and turned over to the State treasury promptly.

By insisting upon systematic and immediate cash payments to merchants the Commission is enabled to avail itself of discounts and thus effect a saving which meets a large part of the expenses of the officers and clerks employed in the financial department.

IMPROVED ACCOUNTING METHODS

Economy of management, consistent with efficiency of operation, has been arrived at by the Commission in introducing approved accounting methods in all of the hospitals.

The auditor has been directed to make regular inspections of these accounts and a comprehensive program of this work has been outlined for him. An assistant, to act as a traveling auditor, has been appointed. The systematic checking of funds entrusted to stewards, the making of an actual inventory of supplies, the examining of daily reports of materials furnished to repair shops, sewing rooms and other workshops, the comparing of payrolls with time cards, etc., will have a tendency to minimize waste and prevent irregularities.

The Commission will insist upon careful exactness in preparing quarterly estimates and in a painstaking study of the actual needs of the hospitals. The auditor as heretofore keeps in close touch with the requirements of each institution as well as with prevailing market prices of supplies, and the Commission believes that material economies are thus effected.

PURCHASING COMMITTEE TO PURCHASE SUPPLIES BY JOINT CONTRACT FOR ALL THE HOSPITALS OF THE STATE

The Insanity Law was on the recommendation of the Commission amended at the recent session of the Legislature so as to provide that the Commission shall from time to time appoint a purchasing committee to consist of three superintendents and two stewards who shall, subject to the approval of the Commission, determine what articles of supplies it is practicable and desirable to purchase by joint contracts for all of the State hospitals; also

the character and qualities of such supplies; draw specifications and enter into contracts for the supplies to be purchased jointly, and have samples and supplies tested chemically or otherwise for the purpose of determining their quality. Such a committee was appointed by the Commission on the first of August, 1911. It supersedes the former purchasing committee, which was composed of three hospital stewards, one of whom was the purchasing steward for the four hospitals of the Metropolitan District, whose office was abolished by the amendment to the law. The office of the new purchasing committee has been located at Albany in connection with the offices of the Commission. The committee is charged with the duty of examining into the market prices of the various supplies used in large quantities by the hospitals, examining samples, ascertaining quantities respectively needed by the hospitals, preparing specifications, obtaining bids, and making contracts, subject to the approval of the Commission. The former purchasing steward has been temporarily constituted secretary of the new purchasing committee and it has been provided with sufficient clerical help.

This committee has increased the number of articles used by the hospitals upon which merchants and manufacturers are requested to submit bids and thereby have been able to secure lower prices than were obtained by the hospitals purchasing independently.

Competition is secured on all articles purchased by this committee, which it is hardly necessary to say, awards contracts to the lowest responsible bidders.

Experts are consulted regarding the most approved methods of dealing with different problems. Their advice and direction in making purchases have already resulted in saving large sums.

To illustrate the possible economy of the purchasing committee it may be stated that at the present time it is considering the purchase of butter for all of the hospitals and hopes to effect a saving of more than \$50,000 annually on this one item and at the same time insure a superior and uniform quality of product.

The hospitals use about 1,250,000 pounds of butter annually at a cost of \$337,000. It is planned to buy butter in the flush of the market, between May and July, when the price of butter is

the lowest and the quality the very highest. The cost of storage is about one-eighth of a cent a pound and the State will derive the benefit of the profit which usually goes to dealers and storage firms.

This plan has the approval of experts employed by the Department of Agriculture, and it is believed that from five to eight cents a pound can be saved.

The committee is also, under the advice of experts, compiling a set of specifications upon which bids for coal will be asked for all of the hospitals, and under the advice of an expert engineer, the methods of burning the coal will be so improved that we are assured a large saving in cost will be effected.

STUDY OF THE ESTIMATE SYSTEM

Under the auspices of the State Charities Aid Association Mr. Henry C. Wright, of New York city, was employed during the year to make special and comparative studies of the different institutions under the control of the Commission with respect to the value of the estimate system, the purchase and distribution of supplies and also the relative cost of administration of charitable institutions in this and other States. Full facilities were afforded Mr. Wright for the active prosecution of his inquiries and during the year the Commission was favored with a report of his findings under the different heads investigated by him. Practical suggestions incorporated in his report were that the Commission's system of inspection should be elaborated; that the specifications used by the committee on the joint purchase of supplies, as well as by individual hospital stewards, should be not only carefully prepared but more carefully adhered to, and that additional inspection and testing of all supplies received under contract and otherwise should be made.

Within the funds granted by the Legislature the Commission has endeavored to meet these recommendations, and in another portion of the report an outline of its plans will be found.

INSPECTORS OF BUILDINGS AND SUPPLIES

A matter which has caused the Commission much concern has been the delay so frequently occurring in connection with the

completion of buildings erected for the State under contract. The Commission has enforced, when the facts seemed to warrant it, the provision in the contract for liquidated damages at the rate of ten dollars per day for each day's delay after the time specified for the completion of the work.

The Commission was of the opinion that its work would be materially aided if an inspector of buildings were appointed, whose duties should be, without in any way interfering with the powers and functions of the State Architect, to follow up, as the representative of the Commission, construction and repair work done under contract or by a hospital, and to advise the Commission in regard to the many questions continually arising in connection with pending work. It is believed that such an official will aid the Commission in effecting economies and in hastening the completion of work which in the case of new buildings for patients, is of great importance, as any delay serves to prolong the time of the undesirable overcrowding to which reference is made in another part of the report.

Charles B. Dix, M. E., was appointed inspector of buildings. An inspector of supplies, Mr. E. D. Spencer, was also appointed whose duty it is to aid the Commission and the hospitals in the important work of seeing that all goods delivered to the different hospitals are up to the standards required by the specifications and the contracts. This inspector will work in co-operation with the stewards, as well as with the purchasing committee, and it is expected that his work will result in material saving to the State, as it is recognized by everyone that it is of the utmost importance that no delivery should be allowed of any kind of goods or supplies falling below the quality for which the State is paying.

REORGANIZATION OF THE COMMISSION'S OFFICE

Partly as a result of the Audit Company's investigation and recommendations, and partly because of the growth of the department, the Commission has found it necessary to reorganize to some extent its official and clerical staffs. The dismissal of the State Hospitals' Treasurer made it imperative to fill the place temporarily at once, and the Commission appointed its book-

keeper, Mr. Fred W. Kyte, as Acting Treasurer until a permanent appointee for this place could be selected. The Commission finally appointed Mr. S. Louis Schmitzer of New York City to the position. In the meantime, the retirement of Mr. George D. Sanford, for many years the Auditor of Estimates in the office of the Commission, made it necessary to fill this important position, which the Commission did by the promotion of Mr. Kyte to the place. As the recommendations of the Audit Company impose considerably more duty and responsibility upon this official, the Commission promoted Mr. John H. Flinn, who had been in the department for many years, to the position of assistant to the auditor. This assistant is also charged with the duty of acting as a traveling auditor and as stated before makes frequent visits to the hospitals for the purpose of examining their accounts and maintaining a continuing audit of the business and financial affairs of the hospitals. These promotions made necessary a number of changes in the clerical force, several of which were in the nature of promotions. The Commission created the position of assistant secretary, and appointed Mr. Lewis M. Farrington, who had previously served in the Manhattan State Hospital for some years, and on February 1, 1911, had been transferred to the Commission's office. The vacancy in the position of bookkeeper was filled by the transfer, at an increase in salary, of the bookkeeper, Mr. Francis U. Burke, from one of the State Hospitals. The Commission appointed Dr. Horatio M. Pollock of Albany, to the position of statistician, which had been vacant for a time. Dr. Pollock's training in the Civil Service Commission's office and in civic work, following his graduation from Leipzig University, gave him special qualifications for the place. His special equipment augurs well for his future success in this department.

As a part of the general reorganization of its office, the Commission has created an "Efficiency Board" consisting of its secretary, assistant secretary, treasurer, auditor and assistant auditor. This Board will, subject to the review of the Commission, fix the relative standings for efficiency and ability of the various employees in the office, and will submit from time to time such recommendations for promotion and increase of salary, and

dred matters, as it wishes to lay before the Commission. This Board is also charged with the general oversight of the purchase of office supplies.

The changes outlined were made after the most careful deliberation and consideration, with a view to securing the most efficient work and the greatest possible safeguarding of State funds and property.

CONTRACTS

The Commission has endeavored to secure uniform specifications for coal, for butter and for eggs, as well as for other articles purchased by the hospitals, and is making every effort to see that the specifications are properly drawn and that the deliveries in every instance conform to these specifications. During the past summer the contractor for fresh meats made deliveries part of which were admittedly below the specifications, particularly at the Willard and Binghamton State Hospitals. In all cases in which the contractor refuses to accept the rejection by the hospital authorities, and contends that the quality of most of the beef in question is equal to or better than that called for by the contract, the Commission calls in outside experts. If they sustain its contention, the beef is rejected, and as provided in the contract, the expenses of the outside experts is charged against the contractor, and deductions are made for the beef not up to the standard, and for that rejected entirely. If the contractor refuses to accept settlement on this basis, the Commission stops payment of the account in question, pending subsequent negotiation and settlement.

PROPOSED SEPARATE ARCHITECT IN THE COMMISSION'S OFFICE

The Commission thinks it proper to state the procedure followed in the awarding of contracts for all new buildings and for repair work in the State hospitals. The plans and specifications are prepared by the State Architect; they are then submitted to the Governor, the State Commission in Lunacy and the Board of Managers of the hospital concerned, and when approved by all these officials, bids are obtained. It is the law of the State to award the contract to the lowest responsible bidder. After the contract is let, the work is under the direction, supervision

and control of the State Architect, and the Commission is in no position to expedite the construction of the work under the contract, except by appeals to the State Architect or the contractor.

The Commission believes it to be a question entitled to the most serious consideration whether it might not be well to have a Bureau of Architecture created which should be charged entirely with the construction and repair work of the hospitals under the charge of the Commission, and entirely under the direction and control of the State Commission in Lunacy.

A SINGLE COMMISSIONER IN LUNACY

In its last annual report a majority of the Commission expressed its conviction that the best results could be obtained in this Department by having a single commissioner instead of three. The Commission desires again to express its unqualified conviction that the best results can be obtained in any administrative or executive department with a single head, assisted by one or more deputies or assistants.

THEFTS OF MEAT AT MANHATTAN

In the exhaustive investigation conducted by the Commission both privately and publicly, at which the Commission was assisted by Deputy Attorney-General Beyer, and Harry W. Mack, Esq., the attorney for the hospital, it was impossible to adduce any evidence which connected anyone in the employ of the hospital with the meat thefts, except the absconding meat cutter, Martin, and Simon Katzenstein, not connected with the hospital, who received the meat on the day when the discovery of the theft was made. Katzenstein was indicted on charges of theft and bribery and has been tried for theft, but was not convicted. He will be tried on the charge of offering a bribe to the policeman who made the arrest. It has been thought that there was a possibility that further information in regard to the thefts might be secured at the time of Katzenstein's trial. In addition to this, Mr. Fosdick, Commissioner of Accounts, and the District Attorney have been endeavoring to locate the absconding meat cutter, Martin.

No effort has been spared to discover evidence in regard to

what persons, if any, beside the absconding meat cutter, might be concerned in the thefts. The exhaustive examination failed to establish any facts in this connection. The work of the Audit Company carried on with special reference to securing evidence of wrong doing, failed entirely to establish the connection of anyone in the employ of the State service, other than Martin, with the thefts. Furthermore, it was impossible to prove thefts beyond the amount actually discovered at the time Katzenstein was arrested.

It may be well to state that, under the law, the superintendent is responsible for the general management of the hospital, both in connection with its business, as well as with its medical work. The steward, under the superintendent, is responsible for the conduct of the work in his office. At the Manhattan State Hospital, as well as at the other hospitals in the metropolitan district, the arrangements in regard to stewards differed from those at other State hospitals. There was a purchasing steward for the metropolitan State hospitals, and he was by law designated as the steward of Manhattan State Hospital. His testimony showed that his duties as purchasing steward occupied so much of his time that comparatively little was given to the duties of steward of the hospital, and he further testified that when employed as purchasing steward, he was informed by one of the Commissioners that his duties as such purchasing steward would take so much of his time that he would not be expected to give a great deal of attention to the affairs of the hospital. Under him was an assistant steward, whose position was somewhat anomalous, as under the law he was only an assistant steward, but in fact was performing many of the duties of steward, although with an understanding on his part that he did not possess full powers or have the responsibilities of the steward.

This condition was in itself deemed by the Commission most objectionable and has been changed by the enactment of a law abolishing the position of purchasing steward, and making the assistant steward at Manhattan State Hospital, and the resident stewards at the other hospitals in the metropolitan district, stewards.

It was also brought out that the rules and regulations in re-

gard to the weighing of meat in the hospital had not been complied with and that the system of checking, accounting for and safeguarding State property was not, in the first place, as good as it should be, and in the second place, was not fully lived up to. A somewhat similar condition was found in other hospitals.

Deputy Attorney-General Beyer, at the conclusion of the investigation, in which he ably assisted the Commission, rendered an opinion in which he stated that, under the law, the steward would, in connection with his bondsmen, be responsible for any loss incurred by the State in the administration of the steward's office, but that by reason of the lack of evidence as to thefts other than that disclosed on the day of Katzenstein's arrest, it would be of no avail at that time to institute any proceedings, and that further information and knowledge as to the amount of the thefts, if they exceeded those discovered, should be obtained before any proceedings should be instituted.

The Commission considered very carefully the question of what action should be taken in connection with the conditions as found by their own examination and by the examination of the Audit Company, not only at the Manhattan State Hospital, but also at other hospitals. At the Manhattan State Hospital, as stated above, there was no evidence showing complicity with the actual thefts; but it was hoped that through the evidence of Katzenstein or of Martin, fuller information in regard to the guilty parties, if any might be secured.

In addition to the efforts of the District Attorney, and the Commissioner of Accounts, the Commission installed detectives as employees for several weeks without securing evidence as to the complicity in the thefts of any employee. The Commission was therefore compelled to await evidence before it could take action against anyone for the theft. It has, however, completely reorganized the entire system of checking and handling goods and the officials from the superintendent down, in all the hospitals, have been impressed with the fact that a strict compliance with all the rules and regulations in regard to the methods of accounting for property, checking its receipt and safeguarding its issue and use, will be exacted. It is believed that under the new system the possibility of dishonesty

is reduced to a minimum, and that all possible safeguards will be thrown around receipts and expenditures and also the use of State property, not only at the Manhattan State Hospital, but in all the other hospitals, where a similar system of accounting has been introduced.

AFTER-CARE WORK

One of the most important features of the humane care of the insane consists in the after-care work. By after-care work is meant caring for the patient immediately upon his discharge from the hospital, finding occupation and friends for him, and providing him with a temporary home. The encouragement and confidence thus imparted to the weak and timid patient is of incalculable benefit to him; for without it he is liable in his despair to abandon himself to his fate and drift into surroundings which will prove demoralizing and hasten a recurrence of his former malady. The State Charities Aid Association some years ago organized committees on after-care work in connection with several of the State hospitals, and interested in this work beneficent people who became attached to the committees and actively carried out the purposes for which they were organized. This Association found itself no longer able to devote its funds and its energies to this work, as it is diverting most of its activity toward the campaign for the prevention of tuberculosis. It has therefore become necessary that the hospitals, through their boards of managers and sympathizing friends, organize their own after-care committees and provide and pay their agents and field workers, if this important work is to be continued. This disposition of the matter is eminently proper, as prevention of insanity is inseparably connected with after-care activity, and it is an essential part of complete supervision by the hospital of its own district. The best results will be secured if a physician and a woman trained in social service shall be attached to each hospital, whose duty it shall be to go among the families in the district which produce the most frequent cases of insanity, and instruct them in the methods of avoidance of a recurrence of the disease, and incidentally secure a complete family and personal history in as many cases as possible. It is entirely practicable to enlist in the after-care work the sympathies and services of many physicians, church

societies, temperance organizations and guilds of various kinds; and thus a united effort will be presented in the campaign for the prevention of insanity. It is a matter of great regret that it became necessary, because of the shortage of funds, for the governor to veto an item in the appropriation bill of the last session which sought to provide \$2,500 for the use of such field workers in their efforts to teach the avoidable causes of insanity and so improve the environment of discharged patients as to prevent, as far as possible, their relapse and return to the hospital.

In addition to the humane character of this work, there is an economical side of it. The successful prosecution of this work of after-care, will result in saving the State from large expenditures; for the prevention of the return of a patient through a recurrence of his malady means a saving of approximately \$200 a year in each instance.

OVERCROWDING

The overcrowding of the hospitals, particularly in what is known as the metropolitan district, has for some time been so excessive as to be a cause of serious concern to the members of the Commission. The grand jury of Suffolk county visited Central Islip and Kings Park State Hospitals and in their report called attention to the conditions existing there, and urged that relief be provided.

The Commission recognizes that overcrowding is injurious, not only to the comfort, but also to the health of the patients, and that it increases the difficulty of caring for them, and jeopardizes the recovery of many. Every effort is being made, that legislation and the available funds permit, to afford the needed relief. New buildings to accommodate 600 patients have been completed at Central Islip and it is expected that they will be occupied not later than December of this year. Accommodations for an equal number of patients at the Kings Park State Hospital should be available at about the same time. Four new cottages to accommodate 200 patients of the acute and recoverable class will be occupied during the winter at the Manhattan State Hospital. This construction will provide an increase of 1,400 beds available in the metropolitan district.

The Commission is making every effort to hasten the work at

Mohansic, but in all probability two years will elapse before the full number of 2,000 patients can be cared for there. It is planned to erect pavilions for tubercular patients at Kings Park to accommodate 250 patients. This will not only afford some relief from overcrowding but will also have the added value of taking from the hospital wards those suffering from tuberculosis. The Commission will recommend the erection at the minimum cost of a new group at Central Islip which will accommodate 375 patients.

During the past fiscal year the Commission has transferred patients from the metropolitan hospitals to institutions up the State and will transfer more in an effort to relieve overcrowding.

In view of the fact that it has been impossible, with the available funds, to build additional accommodations with sufficient rapidity to prevent overcrowding in the metropolitan district, the Commission feels that the State should continue the present expedient of sending from these hospitals to other parts of the State a sufficient number of patients to diminish the congestion, from time to time. To this course the Commission is driven by necessity, in spite of the objections of relatives and friends, with whom the members of the Commission deeply sympathize, and in spite of the most unfortunate and regrettable discouragement and damage experienced by some of the transferred patients. Unvisited patients are always first selected when arranging a transfer.

CHARGES AGAINST HOSPITAL MANAGEMENT BY PATIENTS OR FORMER EMPLOYEES

From time to time charges are made either by patients, or the friends or relatives of patients, or former employees, against the management of different hospitals. The Insanity Law provides that the Board of Managers, among other powers and duties, shall "investigate, hear and determine the truth of all charges made against the superintendent or other officer or employee of the hospital." It is the practice of the Commission in most of the cases to refer charges, under this statutory provision, to the Board of Managers for investigation, and upon their report supplemented when necessary by investigations on the part of the Commission, action is taken. The members of the Commission, and the hospi-

tal authorities, are always anxious to receive information in regard to any facts which will lead to the correction of mistakes, if such are made, and the discharge of unworthy employees, if such are found, or which will in any way help in maintaining the high standard of care and treatment of the insane which superintendents, managers and Commission alike believe to be imperative.

LEGISLATION

Chapter 768 of the Laws of 1911 amends the Insanity Law so as to provide for the employment by the Commission of inspectors, engineers and experts; to authorize the appointment by the Commission of a Purchasing Committee, to consist of three superintendents and two stewards, who, subject to the approval of the Commission, shall determine what articles of supplies it is practicable and desirable to purchase by joint contracts for the State hospitals; who shall determine the character and qualities of such supplies, and, subject to the approval of the Commission, draw specifications and enter into contracts for the supplies to be purchased jointly, and have samples and supplies tested chemically or otherwise, for the purpose of determining their quality. The amended law also permits the superintendents of the hospitals to prepare estimates in such detail as may be required by the Commission, instead of in minute detail as formerly required. The amendments further provide that in all cases in which the contracts are to be let for the purpose of connecting any hospital with a system or line or lines maintained or operated by any public service corporation, or repairing or improving any such connection, such public service corporation shall not be required to make the preliminary deposit or to give the certified check upon submitting its proposal, nor to give any bond for the performance of the work, nor shall any advertising for proposals be necessary, where the public service corporation is to perform the work. The act further provides that the Commission may, in its discretion, waive the whole or any part of the claim of the State for the cost of the support of a patient against the estate of such patient, whenever the court by which a committee was appointed shall have directed such committee to apply any part of the patient's estate for the maintenance of his family.

An act was passed and became a law July 20, 1911, with the approval of the Governor (being chapter 719 of the Laws of 1911) abolishing the office of purchasing steward for the Long Island State Hospital, Kings Park State Hospital, Manhattan State Hospital and Central Islip State Hospital, and providing that the resident steward or the assistant steward of each of such hospitals shall become the steward of the respective hospital which he now serves and his rank in the service shall be reckoned as though he had occupied the office of steward during the time that he served as resident steward or assistant steward, and he shall possess all the powers and perform all the duties conferred or imposed upon stewards of State hospitals.

An act was passed and became a law July 24, 1911, with the approval of the Governor (being chapter 760 of the Laws of 1911) authorizing the Commission to enter into a contract or contracts, subject to the approval of the Governor, for the purpose of acquiring another site of one thousand acres of land more or less for the removal thereto and the establishment thereon of the Utica State Hospital, an institution for the care and treatment of the insane, the Commission being authorized and empowered by the act to make such disposition by sale or otherwise, as shall be approved by the Governor, of the present buildings and grounds, or any part thereof, of the Utica State Hospital, as the Commission shall deem most advantageous.

The usual appropriation bills were enacted providing for additional construction, new equipment, special engineering changes, laundry machinery, etc., and for the maintenance of the hospitals and for the expenses of the Commission.

The Commission proposes to undertake a general revision of the Insanity Law for the purpose of eliminating therefrom unnecessary and inconsistent provisions, and making such changes and additions as will improve the operation of the hospitals.

This revision will probably be ready for introduction at the next session of the Legislature.

CO-OPERATION WITH THE COMMISSIONER OF AGRICULTURE

For some time the Commissioner of Agriculture has been rendering valuable service to the State in reporting upon the lands

used for farming purposes at the several hospitals, making recommendations in regard to their drainage, proper methods of cultivation, fertilization, etc., and also making chemical tests of milk, cheese and butter, syrup, vinegar, and other articles of food, in order to insure the delivery of articles of proper quality, and to supply the hospitals with necessary information upon which to make rejections. In addition the experts of the Department of Agriculture have gone carefully into the questions of dairy farms for all the institutions, increasing the production of swine, poultry raising, proper feeding rations, and the like. It is the belief of the Commission that with this expert help and advice, it will be possible largely to increase the profitable farming and gardening operations at the different institutions.

HOSPITAL ATTORNEYS

Section 18 of the Insanity Law provides for the appointment of an attorney for each hospital to take charge of its legal work. Eleven attorneys have been so appointed with salaries ranging from \$1,200 to \$5,000 per annum, the latter salary being paid to the attorney for the Manhattan and Central Islip State hospitals. The total amount of these salaries, together with certain allowances and expenses amounted to \$23,000 annually. A year ago the Commission recommended that this legal work be turned over to the office of the Attorney-General of the State, believing that it could be done by him more efficiently and with less expense to the State than the amount now allotted by the Commission for this purpose. After sixty days' notice of the proposed action, the Commission, on July 1, 1911, transferred to the office of the Attorney-General the documents and records in the possession of the hospital attorneys, whose services were discontinued on that day, and the necessary legal work of the hospitals was concentrated and put in charge of the Attorney-General. This official states that the additional expense entailed by his assuming this work amounts to three thousand dollars per year, being the salary which he pays to one additional deputy who takes charge of the four hospitals in the western part of the State. The legal work of the rest of the hospitals is performed by the regular deputies of the Attorney-General already in office. Thus a saving of twenty

thousand dollars annually is effected. The committee fees allowed attorneys by the court for their services in the legal proceedings incident to the appointment of committees of the estates of patients must, under the statute, be turned into the State treasury. These sums will hereafter be turned into the treasury by the Attorney-General. The collections from reimbursing patients during the past year increased from \$322,936.55 to \$417,629.52, showing an increase of \$94,692.97. During this period the number of the insane under care in the State hospital increased from 30,445 to 31,051. It must be remembered also that on August 1, 1910, the rate paid by reimbursing patients was raised from \$3.50 per week to \$5 per week by action of the Commission, which is directed by the statute to fix an appropriate reimbursing rate from time to time.

The Attorney-General in his report of January 1, 1912, refers to the work already done by him for the Commission as follows:

"As the work in this department has developed, it has been demonstrated to my satisfaction that in the past there has not been given sufficient attention to the collection of accounts for the maintenance of patients, who, or whose families, are able to pay for the same in the State hospitals. In several instances my attention has been called to cases where patients at State hospitals have had considerable property, or have been entitled to the income of such property, for a number of years while the patients were still being maintained as a State charge. I have recommended to the State Commission in Lunacy that the collections of accounts for the maintenance of patients be systematized and such recommendations are now being carried into effect by the Commission.

"During the six months commencing July 1, 1911, and ending December 31, 1911, a total of five hundred eighty cases, affecting patients in State hospitals, have been given attention by this office. Of these cases two hundred twenty have been cases commenced by the office for the appointment of committees and the balance has been cases affecting property rights of the patients, which have been referred to the office by the State hospitals, or the State Commission in Lunacy, and which required appearance or investigation by the Attorney-General.

"During this same period of time, I have collected and there has been turned into the State treasury for costs and disbursements in committee proceedings, the sum of two thousand forty-three and eighty-three one-hundredths (\$2,043.83) dollars, and upon December 31, 1911, there remained costs and disbursements uncollected in committee proceedings that had been concluded at that time, the sum of two thousand one hundred sixty-three and eighty-one one-hundredths (\$2,163.81) dollars, making the total earnings of my office for costs and disbursements allowed in these proceedings the sum of four thousand two hundred seven and sixty-four one-hundredths (\$4,207.64) dollars.

"I have secured from the State Commission in Lunacy a statement of the costs and disbursements collected by the attorneys for the various State hospitals during a period of time covering the twenty-one months previous to July 1, 1911, and find that the total amount of costs and disbursements collected by the former attorneys for the State hospitals and turned into the State treasury during that time was the sum of nine thousand six hundred thirteen and sixty-seven one-hundredths (\$9,613.67) dollars, or approximately five thousand five hundred (\$5,500) dollars yearly.

"From the amount of costs earned during the six months while I have had charge of this work, the yearly earnings from costs and disbursements in these committee proceedings are now approximately eight thousand five hundred (\$8,500) dollars, showing a large increase in this item as a result of the work being transferred to the Attorney-General.

"The section of the Code of Civil Procedure in relation to the appointment of a committee upon the application of the superintendent of a State hospital, provides that the costs and disbursements shall be allowed to the petitioner in the proceeding, who is the superintendent of the hospital, notwithstanding this provision in the Code of Civil Procedure the blanks used by the former attorneys for the State hospitals were drawn so that these costs and disbursements were, by the order appointing the committee, directed to be paid to the attorney for the petitioner. The reports, which I have received from the State Commission in Lunacy, show that during the twenty-one months previous to July 1, 1911, no costs and disbursements have been turned into the State treasury from committee proceedings for the Utica State Hospital, the Willard State Hospital and the Gowanda State Homeopathic Hospital. If any costs were awarded in committee proceedings for patients in these hospitals during said period of twenty-one months these costs have evidently been retained by the attorneys for the hospital in addition to their annual salary.

"From the progress of this work in my office, I am satisfied that the legal work for the hospitals of the State is now being conducted in a much more efficient and economic manner than under separate attorneys for each State hospital.

"The number of cases commenced by me for the appointment of committees for patients in State hospitals was.....	220
"The number of cases referred to my office relating to matters in surrogate's courts affecting patients in the various State hospitals was	152
"The number of cases other than committee proceedings and cases in surrogate's court affecting patients in State hospitals referred to my office was.....	208
"Number of cases in which committees have been appointed....	171
"Number of cases pending uncompleted for the appointment of committees	34
"Number of cases discontinued for the appointment of committees	15
"The amount of costs and disbursements collected by me in proceedings for the appointment of committees was.....	\$2,043 83
"The amount of costs and disbursements remaining uncollected in proceedings for the appointment of committees was....	2,163 81
"The total amount earned by my office for costs and disbursements in proceedings for the appointment of committees was	4,207 64
"Total amount collected by me for the maintenance of patients in State hospitals has been.....	<u>11,772 13"</u>

MOHANSIC STATE HOSPITAL

About two years ago a tract of land was purchased by the Commission at Yorktown, N. Y., consisting of 564 acres, running from the Crom Pond State road to Lake Mohansic and embracing several farms, for a site for a new hospital, which was named after the body of water which forms so attractive a feature of the landscape. Two prominent ridges run through this property from the highway mentioned to the lake, and a small stream passes

down toward the lake and loses itself in the meadow which it has converted into a shallow swamp. This swamp is largely overgrown with young timber. When the tract was purchased, it was believed that not enough land had been secured, and the intention was to secure more land, either to the east or west of the tract purchased. It was decided that upon this acreage should be erected a modern hospital for the accommodation of two thousand patients, provision being made in the construction of such buildings as the laundry, storehouse, powerhouse, etc., so as to permit of their easy enlargement, in case the exigencies in New York City should demand that the population at Yorktown should be increased to 2,500 or 3,000 patients. A study plan of the premises was made by Superintendent Harris, in which he gave a list of the buildings necessary and their uses, stating the number of patients of each classification which would probably be received therein and the proposed general distribution of the groups of buildings. A ground plan of the necessary buildings was prepared by the State Architect, who showed much appreciation of the artistic possibilities of the broader of the two ridges mentioned, upon which it is designed to locate the various structures composing the establishment. Where the northern extremity of the narrower ridge joins the northern end of the property, there exists a naturally adapted site for a farm colony, which has been started by the reception into a remodeled farm house of several patients accustomed to out-of-door labor. Near this farm house is a large and beautiful grove which will, when put into the proper condition, afford a park or recreation ground for the use of patients in summer. The larger part of the tract is tillable and under ordinary cultivation is yielding excellent crops. The swamp land is of extreme value, as we are informed by the Department of Agriculture, and when cleared will prove the most valuable and productive part of the tract. Lake Mohansic, which is nearly a mile in length, constitutes the water supply which will prove unfailing. It will be necessary to construct a filtration plant and pumping station. The lake will also furnish an unlimited quantity of ice.

In order to complete the admirable scheme of grouping the buildings, as proposed by the State Architect and approved by the

superintendent and managers, as well as by the Commission, it will be necessary to acquire a few acres of land which will no doubt shortly be purchased, which seems desirable before property at that point increases in value, which judging from the sales of neighboring property, it is sure to do, and since if the hospital is to raise its own milk, a large amount of pasturage is essential. As the climate is salubrious, the surroundings are beautiful and the locality will soon be easy of access to New York City, upon this site should be erected a modern hospital of the best type, to care for, in the main, recent and recoverable cases of insanity, and perhaps to provide special advantages for the most appreciative class of patients. It is suggested by Dr. W. D. Granger of the Board of Managers that it will be of distinct advantage to the patients if clinical facilities be provided for them as exist in dispensaries for the sane, such as separate rooms for the examination of patients afflicted with various bodily diseases, including those of the eye, throat, lungs, abdominal organs, etc. In brief, the best hospital work according to the most modern ideas, should be done at this establishment, which will be in a position to profit by all former mistakes in construction and administrative facilities, and to avail itself of the latest psychiatric knowledge imparted by the staff of the Psychiatric Institute.

Owing to the fact that the New York Central Railroad Company demanded the sum of \$115,000 for the construction of a spur, exclusive of equipment, from its railroad into the hospital lands at Mohansic, and the further fact that the State Architect had informed the Commission that an insufficient amount of land had been originally purchased for the construction of the buildings planned for the hospital, the Commission considered the advisability of abandoning this site. A careful reinspection and reconsideration of it, as compared with other possible sites in the vicinity of New York City, was made with reference to its adaptability as a building site, its accessibility to the metropolitan district, from which the greater number of its patients would be committed, its transportation facilities and water supply, and the cost of land.

It was thereupon decided that on account of the large amount of money already invested in this site, and the impossibility of

disposing of the land without serious loss, as well as the difficulty of obtaining another site near New York City that would meet the necessary requirements, it would be wise to employ this site if the railroad problem could be solved.

An expert engineer was employed to review the question of the construction of the railway spur. He recommended a change from the route proposed by the New York Central Railroad Company and the adoption of a route which will furnish a better location and permit of the building of an adequate trolley line, instead of a steam line, into the property. His estimate of the expense is \$45,000, not including the overhead work and equipment. The trolley line can be operated by power furnished by the hospital electric plant. Negotiations were then entered into and closed for the purchase of an additional strip of land amounting to thirty-seven and one-half acres, for the purpose of meeting the requirements of the buildings planned by the State Architect and approved by the hospital authorities, and it is now proposed to push the construction of this hospital as rapidly as possible.

There have been at the hospital in the farm buildings located upon the site fifty male patients, who have been employed as farm workers and in grading and improving the property.

LONG ISLAND STATE HOSPITAL—TITLE TO LAND AND BUILDINGS AT FLATBUSH

The Commission has been conducting further negotiations for the purpose of closing the contract for the transfer of the Sunken Meadow and the buildings on Randall's Island to the city of New York and receiving in exchange the title to the Long Island State Hospital at Flatbush. All of the obstacles have been removed, except that under the contract, it is necessary for the Society for the Reformation of Juvenile Delinquents to give its deed. This Society, after several meetings with the Commission, declined to execute the deed, on the ground that the time limit mentioned in the contract which the Society had signed with the other parties, has now expired. After consultation with the Attorney-General, the Commission decided that the position taken by the Society was not tenable and the Attorney-General has been re-

quested to institute proceedings for the purpose of compelling the Society to execute the deed in accordance with the provisions of the contract.

CREEDMOOR

The Commission still holds, for the benefit of the Long Island State Hospital, the Creedmoor Rifle Range, together with the easement through Range avenue to the railroad track. It was formerly decided to sell this land, and nearly seven acres were sold to the Long Island Motor Parkway, Inc., for \$18,942, which sum forms a special fund in the hands of the Comptroller. The predictions of a great advance in the value of this property have not been fulfilled and the Commission, with the concurrence of the managers of the hospital, may yet build thereon a branch of the institution at Flatbush.

LEASE OF WARD'S ISLAND

The new lease, pursuant to the provisions of chapter 139 of the Laws of 1908, of Ward's Island, on which is situated the Manhattan State Hospital, the largest hospital in the State, has not yet been closed with the city of New York, although the present lease expires in 1912. Negotiations have been progressing with the Mayor and Common Council of the city of New York and efforts have been and are being made to secure as promptly as possible the execution of this lease.

The State has, during its occupation of Ward's Island under the present lease, expended the sum of \$1,267,862.99 in the erection or remodeling of buildings, and all of the buildings on the Island are devoted to the care and maintenance of the insane of New York City. The number of such insane is rapidly increasing.

The Commission therefore recommends that instead of a lease, a title to Ward's Island and to the dock at East 116th street in New York should be obtained by the State in consideration of an agreement by the State to continue the use of Ward's Island for a modern hospital for the care and maintenance of such number of the city's insane as can properly be cared for at this hospital.

WATER SUPPLY FOR THE ST. LAWRENCE STATE HOSPITAL

Originally the water supply of this institution was taken from the St. Lawrence river, but the presence of typhoid led to the making of a contract many years ago with the city of Ogdensburg for the water needed for the hospital. The city supply was taken from the Oswegatchie river, and while not so objectionable as the St. Lawrence river water, it contained refuse from pump and saw mills which injured its quality, and in addition, there was much trouble from clogging of pipes and valves, due to the sediment in the water.

The city took up the question of installing a modern water supply system, and at the same time, the hospital and the Commission considered the question of installing a filtration plant, to operate in connection with its pumping station on the St. Lawrence river. It was found that if the hospital took water from the city, the State would not only avoid the cost of erecting and maintaining the buildings and plant necessary for the filtration work, but the city would be enabled to undertake the construction of an entirely satisfactory and modern filtration plant. The city at first asked the hospital to agree to pay ten thousand dollars a year for its water supply, but after conference between the Commission, the hospital authorities, and the representatives of the city, and a careful study of the cost to the State of installing and maintaining a filtration plant, a lease was made for ten years providing for the supplying to the hospital of 500,000 gallons of water daily at a rental of \$7,500 per annum, a figure which was believed to be more economical for the State than the erection and maintenance of a filtration plant.

The old hospital water supply system by which water was taken from the St. Lawrence river is still maintained for emergency purposes, especially in case of fire.

WATER SUPPLY FOR FIRE PROTECTION—UTICA STATE HOSPITAL

The water supply for the Utica State Hospital was in the past found to be inadequate for fire protection. A temporary arrangement was made with the Consolidated Water Company of Utica for connection with their mains, the water to be used only in case of fire, the hospital to pay \$300 from January 1 to October 1, 1911. This arrangement was admitted by the State and

the water company to be temporary and simply to secure a connection until such a time as the price for the water connection could be agreed upon. After conference between the hospital authorities, the State Commission in Lunacy, and the representatives of the water company, an agreement was made October 1, 1911, providing for a lease for four years, at an annual rental of \$500, this sum to include (as did the sum of \$300 mentioned) the payment of \$75 per annum for a single hydrant, which for several years had been paid by the hospital.

NEW SITE FOR THE UTICA STATE HOSPITAL

The development of the city of Utica in close proximity to the grounds of the Utica State Hospital led to so strong a demand for the opening of a street through the hospital grounds that a law to that effect was passed by the Legislature and approved by the Governor. The city of Utica is about to construct the extension of Hickory street through the grounds. On account of the opening of this street, and the growth of the city around the hospital grounds, it seemed desirable that a site should be acquired of about one thousand acres for the purpose of furnishing the large number of insane which would be maintained at this hospital with salutary and useful outdoor occupation, and for the purpose of developing a farm which should be so managed as to serve as an object lesson of what intelligent and profitable farming should be. It is hoped that the development of all the farms in connection with the State hospitals may be made along the same lines.

An act of the Legislature empowered the Commission, subject to the approval of the Governor, to acquire a new site of about one thousand acres, and to dispose of the existing buildings and grounds. The Commission has devoted a good deal of time to an examination by personal visits of the several sites, fifteen in number which were offered. The site to be selected should be a good building site, should consist of approximately one thousand acres of good farm land, should have adequate transportation facilities for passengers and freight, should have facilities for a good water supply and be easily accessible to a city. The Commission hopes to render an early decision as to the site to be selected.

The Commission is carefully considering the disposition that

ought to be made of the existing hospital and grounds. The proposition most favorably considered at the present time is to sell the farm lands with the buildings known as "Graycroft," and the lands south of Hickory street, and to retain the hospital buildings and grounds north of Hickory street for the purpose of providing suitable accommodations for the segregation of certain senile insane, cases known as dotards, and also for the purpose of maintaining as at present a reception service for the initial admission of patients for the larger hospital. This reception hospital is also valuable for the class of patients whose prompt recovery will not require that they be sent to the larger hospital. The overcrowded condition of all the hospitals of the State would seem to require the retention of these buildings by the State Commission in Lunacy.

MATTEAWAN STATE HOSPITAL FOR THE CRIMINAL INSANE

The Matteawan State Hospital for the criminal insane is under the jurisdiction of the State Prison Department. This hospital is for the insane who are committed on order of courts of criminal jurisdiction and for persons convicted of petty crimes or misdemeanors — not felons — becoming insane while undergoing sentence; also for patients in other State hospitals who exhibit criminal tendencies. The only jurisdiction possessed by the State Commission in Lunacy over this hospital is the power of visitation and inspection. The Commission in Lunacy has no power either to discharge or to transfer a male patient from this hospital. The only patients who can be transferred are female convicts whose terms have expired and who have not recovered.

In February, 1910, certain charges were made regarding the management of the hospital and at the same time a request was made both orally and in writing by the superintendent of the hospital that the State Commission in Lunacy should investigate its condition and management. At this time a justice of the Supreme Court appointed a referee to conduct an examination into the condition of the hospital, and on the advice of the Attorney-General, it was decided that pending the proposed action by the referee so appointed, the Commission should postpone action. The legality of the appointment of this referee was questioned

and the matter was taken into court. It was subsequently decided that the order appointing such referee should not have been made and it was vacated. The State Commission in Lunacy then began an investigation, a report of which was submitted to the Governor prior to the completion of the investigation. The Commission had practically finished its work when the Governor appointed a former member of the Commission in Lunacy and a former president of the Commission and another alienist respectively to make a thorough examination of the hospital and to pass upon the question of the insanity of all the patients in the hospital.

It was decided by the Commission that this action on the part of the Governor would make unnecessary further action by the Commission. In the examination made by the Commission, the question of the relation of the employees to the patients was very carefully gone into and the discharge of one of the attendants was recommended. The resignation of this attendant was shortly after accepted by the superintendent.

REPORT ON FORESTS ON STATE HOSPITAL PROPERTY

In accordance with a request of the Commission, the newly appointed Conservation Commission made an examination of the lands of the State hospitals.

It being planned, with full information of present conditions, to establish a comprehensive policy, providing such efficient management of all hospital lands, that the very best results possible may be attained.

The forester's report was as follows:

There are fourteen (14) State Hospitals for the Insane under the Commission in Lunacy. Statistics of acreage and of land used are shown in the accompanying table:

STATE HOSPITAL	Total Acre- age	Land in Lawns Bldgs., etc., Acres	Land for Agri- cul- tural Use Acres	Wood, Brush and Waste Land Acres	Notes
Binghamton.....	1,113	153	700	260	Of farm land, much is of inferior quality and will probably best be planted with forest trees. Woods need improvement work.
Buffalo.....	187	118	67	2	Important shade tree work.
Central Islip.....	1,000	199	255	546	Over one-half land is barren waste. Needs fire protection and planting.
Gowanda.....	500	85	365	50	Woods very valuable as wind break.
Hudson River.....	812	66	427	319	Woods in good shape — need some cutting done under direction of forester.
Kings Park.....	834	276	191	367	110 acres mature, with chestnut dying — needs planting and fire protection.
Long Island.....	49	.....	49	.....	Only shade trees.
Manhattan.....	245	171	74	.....	Only shade trees.
Middletown.....	280	30	232	18	Woods need considerable attention.
Mohansic.....	564	.....	429	135	50 acres will be cleared for agriculture—the rest needs considerable work done.
Rochester.....	217	54	148	14	Mainly shade tree work—woods need a little improvement.
St. Lawrence.....	1,015	214	741	60	Woods need cutting and planting — some waste areas to be planted.
Utica.....	455	59	370	26	Mostly shade tree work — Some waste land may successfully grow basket willow.
Willard.....	1,204	130	954	120	Great need for wood here — woods need considerable improvement. Chances for basket willow good here.
Total.....	8,475	1,555 (18.4% of total)	5,002 (59% of total)	1,917 (27.6% of total)	

Report on Forests on State Hospital Property

Thus, we find about 1,917 acres, or 27.6 per cent of the total land area of these institutions classed as woods or waste lands.

Practically all of this land is better adapted for forestry growth than for any other use.

Taken as a whole, these lands are far from being in the best condition for growth (although some, as at the Hudson River State Hospital, are in far better condition than any ordinary woodlot). This, however, is not surprising, in view of the general past neglect of woodlands and the general condition of the woodlots throughout the State.

Forest management would secure from this acreage an average net return of about \$2 to \$3 per acre per year, or a total of from \$3,800 to \$5,700, based on stumpage value (considering the harvesting of these wood crops by inmate labor, the market value of the products secured would be at least two or three times as great).

Besides this revenue produced, there are many other advantages to be secured from good woods, such as:

Windbreak, as at Gowanda and Central Islip. (At Central Islip, woods will also have to be maintained on much of the land to prevent blowing away of the sandy soil in typical sand dune formation.

Aesthetic value, as woods, parks, etc.

All this work can be done in every case to meet fully any institutional demand on the land and not, as may be supposed, in conflict with such interests.

The forestry work will fall under three heads:

1. *Cutting.* In nearly all the woods, improvement is possible by cutting out certain undesirable species and individuals. Cuttings properly made will increase growth and thriftiness (especially in resistance to decrease), and improve the appearance of the woods, as well as providing revenue from them.

In this connection one frequently encounters great reluctance to cut any trees except those practically dead. This feeling is a natural one, undoubtedly arising from that deep-seated conviction that lumbering is followed by barren waste areas, and the managers of the different institutions feel, and rightly so, that

Report on Forests on State Hospital Property

their first need is for the woods themselves, rather than of the revenue from them, and they have taken no chances on cutting.

But trees are living organisms, liable to disease and death; and without constant provision for a new generation, and for the most healthful conditions for the living members of the society, we find (as at Kings Park) epidemics sweeping off the old chestnut with not enough young growth of other kinds coming in to replace it; or at Poughkeepsie, where the hickory borer is beginning to kill off hickory, etc.

2. *Planting.* Existing woods are frequently not fully stocked and require planting with good species to secure the full use of the land, also in many places we find bare areas of very little value, if any, for agriculture, which can be greatly improved and profitably so by planting with forest trees. (Special need for planting exists at Central Islip.)

3. *Protection.* The very existence of the woods is often threatened (particularly at Central Islip and Kings Park) by fire; and an efficient organization to control these must be established. Besides this, destruction by disease and insects must be constantly guarded against; damage from over-grazing is frequently noted, etc.

In addition to this woodland, there are about 1,555 acres in lawns, etc. (or 18.4 per cent of the total area) containing many valuable shade and road trees. The value of these trees to any place is certainly very high and in these days of ever new and more destructive enemies, lack of constant expert attention generally means loss of the trees. Inspection of these trees should be frequently made.

This work is both necessary and profitable and a definite policy toward that end should be instituted. As the whole science of forestry is so new and the knowledge of scientific methods but little known, it will be far the best way to have a professional forester supervise and direct this work. For the present, the Conservation Commission is ready to assign a forester to direct that work. Thus, working with the State Commission in Lunacy, there will be secured not only these desirable results for each institution, but also the additional public service which a model of management provides to its community.

THE USE OF PRISON MADE GOODS IN THE STATE HOSPITALS

The provisions of article 7 of the State Prison Law require the manufacture of all such articles as are needed and used "In the buildings, offices and public institutions owned or managed and controlled by the State, including articles used in the erection of buildings." This necessitates the purchase of all such furniture and equipment as is made and can be supplied by the Prison Department. A release must be obtained from the State Prison Commission before the purchase of any such articles can be made in the open market. The styles, patterns, designs, quality and prices of the articles manufactured are determined by the Board of Classification, which consists of the Fiscal Supervisor of State Charities, the State Commission of Prisons, the Superintendent of State Prisons and the State Commission in Lunacy.

Many of the prison-made articles have been inferior in quality to those bought in the open market at a similar, or even lower price, and some were so inferior in quality as to render their use inadvisable from an economical standpoint. A thorough revision on the part of the Board of Classification of the quality, styles and prices of all prison-made goods is recommended by the Commission as an urgent necessity.

FIRE PROTECTION

At each of their semi-annual visits, the Commissioners have paid special attention to the matter of fire protection in the several hospitals, and this subject is also uppermost in the mind of the medical inspector, who makes from three to four visits each year at each of the hospitals, and reports in full to the Commission, in addition to making recommendations to the superintendents orally. It has been the custom of the Commission to allow without question all estimates for additional fire protection or the renewal of fire apparatus of every kind, to the end that no omission may be made to provide means for controlling a fire, should one occur, and obtaining exit for the patients during any such emergency. At the time of the appointment of the Fire Marshal under the new law, most of the hospitals appeared to be thoroughly and satisfactorily equipped with apparatus for fire pro-

tection and the Commission had felt that the patients were in no way in danger from the results of a conflagration. The Marshal has recommended and directed that additional apparatus and fire protection be provided for at once in various hospitals, consisting of engines, extinguishers, standpipes, hose, etc. This new equipment will cost such a large sum of money that the Commission finds itself unable to allot the necessary amount from its present funds, and therefore has arranged to request the Legislature to pass a bill carrying the necessary funds for accomplishing the purpose of acceding to the demands and directions of the Fire Marshal. Such of the Fire Marshal's suggestions as were considered by him as immediately necessary were provided without delay by the Commission. The fact that nurses and employees are on duty constantly night and day throughout the hospitals reduces the danger from fire that exists in private dwellings, or in institutions where such night service is not maintained.

TESTING OF WEIGHTS AND MEASURES

The Commission has been pleased to have the State Superintendent of Weights and Measures make a test of all the scales and measures used in the hospitals. Where the scales have been found to be inaccurate, they have either been corrected, or new scales have been purchased.

REPORT OF MEDICAL INSPECTOR SOMERS.

State Commission in Lunacy, Albany, N. Y.:

GENTLEMEN.—I herewith respectfully submit my report as Medical Inspector for the last four months of the fiscal year, ending September 30, 1911.

The events of the period prior to my entering my duties, June 1st, have doubtless been reported by my predecessor.

Since June 1st, seventy visits have been made to the thirty-nine institutions, subject to the inspection of the Lunacy Commission.

During the period, twenty-eight visits were made to State hospitals, and forty-two to licensed private houses. With reference to State hospitals, two visits have been paid to each, with the exception of three. All private institutions have also been visited twice, with the exception of two.

Twenty-four hundred and four new patients in the State hospitals have been examined, and have been fully given the privilege of an interview; three hundred and twenty-nine in private institutions have been similarly interviewed.

Observations relative to the conditions of the above numbers mentioned do not include all new admissions during the period, since many were visited in the various institutions by the President of the Commission at the time of his official visits. The details of my various inspections have been duly recorded and filed with the Department.

The psychopathic ward at Bellevue Hospital and the psychopathic pavilion at Syracuse were each inspected. In September I attended the conference of the American Hospitals Association in New York city.

STATE HOSPITALS—ADMISSIONS AND DISCHARGES

With reference to new admissions to State hospitals, special attention was given to the sixty-four voluntary cases entered during the period. Since the inauguration of the Voluntary Patient Act, an increasing number have taken advantage of the provision. All, with the exception of one, at the time of the visit, were found

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to be able to appreciate their condition, and were willing to stay. In the one instance, the patient's condition was such that his best interests were found to be served by detaining him through formal commitment.

Many cases admitted under this provision were readmissions, and wisely sought relief during the incipency of a breakdown, with the result that in a sufficient number of instances the question of their commitment was obviated and a more prompt recovery and return once more to outside life was effected.

The general understanding of the regulation that habit cases, due to alcohol and drugs, should not be admitted as voluntary subjects, has been judicially enforced, since otherwise the capacities of the various State hospitals would be further taxed, and at the same time the provisions of the Insanity Law wrongfully applied.

Of the committed cases, four were found to be not suitable for detention in an institution for the insane. The discharge of seven patients was recommended, if after further observation no additional evidence pointing to mental upset were found. Ten cases essentially senile or dotards were considered not sufficiently insane to need institutional care.

In five instances, before discharge, the question of suitable environment needed particular consideration.

Recommendation of the discharge of one criminal was advised, after considering the history of his case and making a personal examination.

Those of the alien and nonresident class, in almost all instances, were promptly reported to the proper department.

COMPLAINTS OF PATIENTS

In numerous instances, many recent admissions as well as older cases asked for special interviews, either by letter or at the time of the visit to the hospital, principally to discuss the circumstances of their commitment, and to make requests for their discharge.

One hundred and fifty-six patients complained of their detention. In but two instances could the question of their discharge be favorably considered, and then only after consultation with those in immediate authority. Six complained of abuse in various

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ways. In all cases the complaints were investigated sufficiently to determine the facts. In most instances the circumstances had been fully investigated, or were already the subject of consideration, before the several complaints were discussed in relation to the patients' mental attitude.

The adoption of dietaries suitable for the various classes of patients, such as the acutely sick, the tubercular, the feeble, the epileptic, and working patients, has resulted in practically little complaint regarding food. The few that were made were investigated without detriment to the institutions. Inspection of the quality and quantity of food supplies, as well as the serving of the meals at the various State hospitals, was a part of my duty.

ACCIDENTS

Accidents and injuries to patients of sufficient moment to report to the Department show that nearly 90 per cent were due to patients falling, while in an active or enfeebled state, or as the result of convulsions, or due to being assaulted by fellow patients. And, finally, in but four instances were injuries received as the result of struggles with attendants. Fortunately, in the struggle between attendants and patients, serious accidents to either are rare, although in one instance a patient in a civil hospital, without warning, murdered an employee.

During the period, six attempts at suicide have been made, four of which were successful, in spite of the vigilance of the trained attendants.

RECOMMENDATIONS

With a view of protecting life in the various institutions, recommendations have been made for additional fire escapes in departments where they seem to be needed, whether in relation to a ward occupied by patients or quarters given to employees. For similar reasons protection of dangerous situations in laundries have been recommended.

Increased toilet facilities in some instances, for the chronic disturbed class, as well as on wards occupied by acute cases, have seemed advisable.

At nearly a given period of time, 1,200 cases in the various

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State hospitals were classed as potentially tubercular, and therefore infectious. In view of the recent awakening of public interest relative to the tuberculosis problem, it seems to the writer wise that as much effort as possible be made to wholly segregate the tubercular insane. Some of the State hospitals have no special provision for the care of this class, other than the general wards; others make an effort to treat them apart, as far as provision has been allowed.

Since the introduction of re-educational methods for patients in some of the institutions, particularly pertaining to the graded occupational class work, the results have been such that they could now be classed as decidedly therapeutic, and therefore economical, in their effect. The methods of instruction, however, vary somewhat in the different hospitals. It might be well to adopt the better features of the various systems, with a view to the introduction of a standard form of class instruction to patients in all the State hospitals.

At the hospital for the insane at Matteawan an increase in the number of trained nurses seems necessary, as well as the adoption of a course of instruction for probationers. It would seem as if there were sufficient reasons for the appointment of a woman physician as a regular member of the staff.

The appointment of a regular board of managers to this institution would at least make some of the patients, as well as their relatives, feel less further away from sources of relief.

LICENSED PRIVATE HOUSES

The number of these houses has been augmented one during the year, Dr. Lyons' Sanitarium having been granted a license in May.

Fifty-one per cent of the total admissions were of the voluntary class. Seventeen, or 10 per cent, of this class upon examination were found to be in such a mental condition that their commitment was recommended to the Department. One committed case, upon examination, was found not to be insane.

As far as possible, all patients in the various houses were seen, and inquiries made of them personally regarding their care and

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comfort. Several of those committed complained of their detention. In two of such, discharge or parole was deemed not detrimental.

In notes filed with the Commission, various recommendations have been made with reference to the care of patients and the condition of their quarters. The more important suggestions were directed toward better housekeeping methods, improved ventilation, the encouragement of more outdoor interests for patients, needed repairs in some portion of the house, the increasing of the night nursing service, the protection of open gas flames at points especially accessible to patients, the proper care of garbage and refuse, the renewal of old plumbing, the adoption of more adequate toilet facilities, and increased precautions in the case of fire.

The adoption of the regulation form for the recording of prescriptions covering the amount, date of issue and discontinuance, was also recommended, even in those institutions where but little medication was given.

To the uniform consideration given me by the Commission and those in charge of the various institutions, I beg to herewith subscribe.

Respectfully submitted,

ELBERT M. SOMERS,

Medical Inspector.

HABEAS CORPUS: THE CASE OF JAMES T. WALKER

On September 20, 1909, James T. Walker, admitted to the Willard State Hospital December 14, 1897, was discharged on a writ of habeas corpus by Judge Marean of the Supreme Court, Brooklyn, on the ground that the commitment papers were defective because no personal service of notice for proceedings for commitment were served upon the patient prior to his admission. The patient obtained the writ from Justice Marean by his own efforts and no attorney appeared in his behalf. He had obtained similar writs on four or five previous occasions from other judges in the hospital district, and after a hearing in each instance was remanded back to the hospital. When application for a writ was made to Judge Marean it was at once issued, but being misdirected did not reach the patient until after the date for its return. Believing that another writ would be issued, the hospital attorney communicated with the judge for the purpose of having the writ made returnable in the judicial district where the hospital is situated, but no notice was taken of this, and it was made returnable in the Second Judicial District (Brooklyn), some three hundred and fifty miles distant. At the hearing the patient's family was represented by counsel, and also the hospital. Walker argued his own case and made a favorable impression. The medical records were presented to the Court and the patient's mental condition explained by a physician. The form of disorder was paranoia with a pronounced litigious trend. Although retaining his delusions, Walker had exercised a much greater degree of self-control for two or three years previous to leaving the hospital than formerly, and during this time had a parole of the grounds, and the limitations put upon him with regard to this parole were always strictly observed. In June, 1911, Walker applied to the Supreme Court in Albany for leave to bring an action against the State Commission in Lunacy and the Superintendent of Willard for damages resulting from alleged unlawful incarceration as an insane person from the year 1897

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until 1909, and the following is the opinion rendered by Judge Cochrane, to whom the application was made:

James T. Walker applies for leave to bring an action against the State Commission in Lunacy and the Superintendent of the Willard State Hospital for damages resulting from alleged unlawful incarceration as an insane person in the latter institution from the year 1897 until the year 1909 when he was discharged on a writ of habeas corpus. The sole ground of the application seems to be that the order of discharge was based on the fact as therein recited that the original order of commitment was "not in conformity with or authorized by law," and it is claimed that such order is *res adjudicata* as to the fact thus recited. This argument of the applicant defeats itself. It appears that three habeas corpus proceedings prior to the one resulting in his discharge were instituted by Walker during the time of his confinement in which the question as to the authority to make the original order of commitment was involved and determined adversely to him, and he was in each instance remanded to the said Hospital. Clearly the authorities would not have been justified in releasing him under those circumstances. The orders in these several proceedings recited the fact that Walker had been legally committed to the Hospital and was being legally detained therein by virtue of the original order of commitment. If it be true as claimed by the applicant that the order of discharge would ordinarily be *res adjudicata* as to the illegality of his original commitment it must necessarily follow that the three prior orders in precisely similar proceedings determining this same question adversely to him were also *res adjudicata* and the last order was without any warrant or justification and should not have been made. I do not decide that the last order was unwarranted. I am merely pointing out that the argument of the application defeats itself and rests on no foundation. Such last order in view of the former orders could only have been granted on the theory that it was not *res adjudicata*. As no other reason is presented in behalf of the application it must be denied.

It may be further stated, however, that the question of Walker's sanity was the subject of investigation in a proceeding for the appointment of a committee and also in a proceeding in Surrogate's Court for his removal as an executor and that in both of said proceedings as well as in at least one of the habeas corpus proceedings above referred to he was represented by counsel and the question

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of his sanity was in each instance determined adversely to him. He has not been discharged from the hospital as cured and the only evidence before me is that he is still insane. I appreciate the fact that if there is any ground for success in the litigation he seeks to establish he should be afforded an opportunity to litigate the questions he seeks to raise and that those questions should not be determined on this application, but I am unable to see any possible foundation for an action.

Application denied.

REPORT OF BOARD OF ALIENISTS

In the special report submitted to the Legislature last January, the following statement was made in regard to the Board of Alienists:

The Commission suggests a change in the law constituting the Board of Alienists so that there shall be a single official in the place of the three members who now constitute that board. The feeling of the Commission in regard to this matter is the same as that of the majority of the Commission in regard to its own membership. They believe that the work of this board can be done with equal if not greater efficiency by a single member supplied with the necessary assistant or deputy, or other subordinate assistants, and at the same time that economy in the work of the office can be effected.

The Commission is of the opinion that the recommendations there made should be carried into effect and will have a bill introduced providing for the reorganization as above indicated.

The report of the board is herewith inserted.

To the State Commission in Lunacy:

We beg to submit the following report of the operations of this Board during the fiscal year ending September 30, 1911:

The number of alien and nonresident patients deported or removed from the hospitals during the year was much larger than during the previous year, as shown by the tabulated statement below:

	1911	1910	Increase or Decrease Per cent
Aliens deported to other countries:			
U. S. Immigration Service.....	345	399	—13.5
Expense of State.....	204	95	+114.7
Expense of friends.....	235	119	+94.2
Total.....	784	613	+27.9
Nonresidents returned to other states:			
Expense of State.....	151	85	+77.7
Expense of friends.....	191	161	+18.6
Total.....	342	246	+39.0
Total aliens deported and nonresidents returned.	1,126	859	+30.8

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It is seen that 1,126 insane aliens and nonresidents were removed from the State hospitals or returned to the communities responsible for their care and maintenance before they secured admission: Nine hundred and sixteen of these had already become patients in New York State hospitals, and this number constitutes about one-sixth of all the first admissions during the year. The removal of such a large number of patients has had a noticeable effect upon the annual increase in the aggregate number of insane persons receiving care at public expense of this State, and it seems to us that this work provides the most important single means at our command for exercising control over the steadily growing pressure upon the resources of this State for the care of its indigent insane. We believe, as will be shown in this report, that the number of such deportations and removals can be increased so materially that, in some years at least, an increase in the number of patients under treatment can be actually prevented. It seems desirable to emphasize the fact that in doing this, the State is not evading or shifting its responsibilities in any way, but is merely relieving itself of the very unequal burden which unfavorable immigration, the circumstance of possessing the chief port of entry to the New World, and that attraction which the metropolis possesses for residents of other states and communities, have placed upon New York.

The work of the Board, which has been carried on, as heretofore, under the direction of your Commission, divides itself into three principal parts; (1) securing the deportation of insane aliens who are subject to deportation under the section of the Federal Immigration Law which provides for the return, within three years, of aliens who gain admission to the United States in violation of law, or who become a public charge from causes existing prior to their arrival; (2) bringing about the repatriation of aliens who are not deportable, but who desire to return to their native countries or whose relatives desire them returned; (3) returning nonresidents to the States in which they have a legal residence and which are properly responsible for their care and maintenance.

It is convenient, in reporting the work done by the Board during the year, to consider these divisions separately. A very useful function performed by the Board consists in observing the inspection and medical examination of arriving immigrants at Ellis Island. The member of the Board who performs this duty also succeeds in verifying the landing of aliens in cases where the usual procedure has proved unsuccessful and in this way a considerable number of

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deportable aliens are deported by the United States Immigration Service who, otherwise, would have been permitted to remain permanent public charges in the State hospitals.

DEPORTATIONS UNDER THE FEDERAL IMMIGRATION LAW

It will be noted in the tabulated statement of the work of the year that the only decrease was in the number deported by the United States Immigration Service. This is accounted for by the larger proportion of cases in which warrants of arrest for deportation have been canceled by the Secretary of Commerce and Labor. During the year thirty-six such warrants have been canceled — three times the number canceled last year. In nearly all these cases the medical officers of the United States Public Health and Marine-Hospital Service at Ellis Island, and the immigration inspectors who investigate such cases had concurred in the view taken by this Board when the certificates were rendered and the action of the Department of Commerce and Labor was evidently based upon other considerations. We have felt that the interests of the State, and the fact that an adverse decision on the part of the Department of Commerce and Labor places upon the taxpayers the burden of the support of a deportable alien, for many years have not been given the weight they deserve in passing upon such cases. We have also felt that it is only fair to permit this Board to present additional evidence in debatable cases, and to see the evidence upon which an adverse decision has been reached; but we regret to state that this is done only when we strongly urge it, and sometimes not then.

ACCEPTANCE OF BONDS IN DEPORTABLE CASES

A number of cases have been landed upon bonds that the aliens would not become a public charge. It has been our experience that such cases become a public charge again very promptly when the deportable period has expired. We believe that greater care might be taken in accepting such bonds. In several cases the bonds have proved worthless, in one of them the "bondsmen" being fictitious persons.

In one case a warrant of deportation was canceled upon friends giving a bond to the Department of Commerce and Labor that the patient would be supported in one of the New York State hospitals at a rate fixed by the Secretary of Commerce and Labor. With the approval of your Commission, we vigorously protested against the Secretary of Commerce and Labor making any such arrange-

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ment for the support of a deportable alien without consulting your Commission and the alien in question was subsequently deported.

PAYMENT FOR MAINTENANCE OF DEPORTABLE CASES

As stated in our last annual report, a new ruling has been made by the Secretary of Commerce and Labor, whereby the government pays for the maintenance of an alien awaiting deportation only from the date when the warrant is issued, instead of from the time that the presence of such alien in a State hospital is reported to the Commissioner of Immigration. This resulted in a loss to the State of more than \$5,000 during the fiscal year just closed. The change was a purely arbitrary one on the part of the Department of Commerce and Labor, the reason given for it being that it would be an incentive to hospitals to furnish prompt, full and accurate information when the cases were first brought to the attention of the government. Thus the New York State hospitals, which furnish full information that is very carefully prepared, are penalized on account of the negligence of some other institutions.

The superintendents of the hospitals in the Metropolitan district very justly claim that the cost of caring for alien patients is much more than \$5 a week — the amount allowed by the government. They are usually cases suffering from severe types of mental disease, as is shown by the fact that twenty-five deportable aliens died during the year. They are not familiar with the English language and are therefore less able to appreciate the intentions of physicians and nurses, and, as has been observed by writers in London and Berlin, such foreign groups are not only more troublesome patients, but the cost of their care is considerably greater than the average for all patients.

We earnestly recommend that efforts be continued to have the first ruling, dating time for payment from the date of admission, re-established, and that Congress be petitioned to make appropriations sufficient to pay the large arrears into which the government has fallen. The amounts collectible are sufficient to reimburse the State for all the expenses of this Board.

INCREASE OF THE DEPORTABLE PERIOD

We renew the recommendation made in previous reports that efforts be made to secure an amendment to the Immigration Law, whereby the period in which an alien can be deported for becoming a public charge from causes existing prior to landing be increased

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to five years. In the last annual report of the Commissioner-General of Immigration, this change is very strongly recommended and surprise is expressed that this government should ever have limited itself to a certain number of years in the exercise of its right to expel undesirable aliens. The Commissioner-General of Immigration recommends that the deportable period be abolished entirely, so that aliens who become a public charge from causes existing prior to their arrival or who are shown to have entered the country in violation of law may be deported at any time.

**PROVISION OF BETTER FACILITIES FOR MENTAL EXAMINATION
AT ELLIS ISLAND**

Although the detection of insane and mentally defective immigrants at Ellis Island is not the responsibility of any State, the success with which this important work is conducted is a matter of great concern to this State, for it has been learned that 80 per cent of all the immigrants found upon their arrival by the medical officers at Ellis Island to be insane or mentally defective, during the last fiscal year, had announced their intention of residing in the State of New York. Increased facilities for the observation of mental cases have been urged by the Commissioner of Immigration at Ellis Island, and we have reason to know that he would welcome the active support before Congress of the State Commission in Lunacy.

We believe that the support of the State Commission in Lunacy should extend to securing other facilities greatly needed to improve the efficiency of this work. We believe that it should be provided by law that alienists in the United States Public Health and Marine-Hospital Service should be detailed or employed at all large ports of entry, that the mental examination of arriving immigrants should be placed more definitely in their charge and also that the services of skilled interpreters should be provided for the exclusive use of such medical officers.

HUMANE METHODS OF DEPORTATION

The Federal Immigration Law contains a provision for the deportation of insane aliens in the company of suitable attendants. As the law has been construed, this is not done. It is a matter of great importance that these helpless people, taken from the security of our State hospitals and transported across the ocean and, in many cases, across the continent of Europe, should be safe-guarded from ill-treatment and neglect at every stage of their journey. We are

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frequently in receipt of complaints from relatives of aliens who have been deported that they have failed to reach their homes. One can imagine the distress of a parent or wife or husband when months elapse with no news of one who they know has been deported from this country. In some instances such aliens die in hospitals at ports of debarkation, without the relatives at home ever learning of their fate. We believe that this is not in accord with the humanity displayed in the care of the insane in this country and we earnestly recommend that efforts be made to secure an amendment to the Immigration Law at the coming session of Congress, which will provide, incontestibly, for the safe return of deported insane aliens with the attendance of suitable persons *to their final destination*.

Other facts concerning the deportation of insane aliens under Federal warrant are mentioned in the comment upon the statistical tables.

REPATRIATION OF ALIENS AT THE EXPENSE OF THE STATE

It will be noted in the tabulated statement that 204 aliens were returned to their native countries during the fiscal year at the expense of the State. This number shows the largest increase of any over last year. In all these cases either the aliens expressed a desire to return to near relatives on the other side or their relatives in this country requested the hospital authorities or this Board to have them returned.

As such aliens are excludable, under the Federal Immigration Law, for five years their return means, in most cases, that this State will no longer have to provide for their support. Beside the economic advantage of assisting such aliens to return, there is a decided social advantage in removing permanently from this State a large number of insane persons, many of whom are married and will have children to whom unfavorable hereditary tendencies are likely to be transmitted.

At the close of the fiscal year nearly 300 such cases remain in the various hospitals through lack of funds to secure their return. It seems to us that it is a matter of the soundest economy to provide for the return of each patient who is able to travel with safety and who desires to be returned; for the cost of transportation, even in cases where an attendant must be provided, would be offset by the cost of a few months' care in a State hospital.

This outlet for patients is capable of being enlarged very greatly, so that even the large number repatriated this year could be more than doubled.

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REFUSAL OF FOREIGN STEAMSHIP COMPANIES TO ACCEPT INSANE ALIENS

There is one obstacle which interferes with the return of such cases — the opposition of the foreign steamship companies to receiving convalescent insane cases as passengers.

It seems incredible that foreign steamship companies should refuse to allow natives of European countries to return to their homes and friends, but such is the case and we have had many experiences which convince us that this attitude is inspired by the governments concerned. A particularly characteristic case of the sort was that of an Italian woman in the Kings Park State Hospital who had been in this country only four years, and who had been widowed by the assassination of her husband by another Italian. She became depressed after this tragic event and, upon recovering, expressed a desire to return with five minor children to her sister in Italy, but she was refused passage both by the captain of an Italian steamship and the representative of the Italian government who was attached to the vessel. It was only through the most persistent representations on the part of this Board and a representative of an Italian benevolent society that she was accepted.

It must be remembered that foreign countries look with favor upon the emigration to America of diseased and defective persons. Examination by American officials at the ports of embarkation in Europe has been strenuously opposed by certain foreign governments, and it is a notorious fact, commented upon in every annual report of the Commissioner-General of Immigration, that the steamship companies make only the most perfunctory medical examination of passengers upon their departure for America. Thus there are no obstacles in the way of diseased persons embarking for this country. In the case of those returning, however, the conditions are reversed. The passengers are carefully scrutinized by ships' surgeons at the gangway, as they embark at the port of New York, and those who do not satisfy the steamship officials or the representatives of foreign governments stationed on such ships, are peremptorily refused passage, even although they have been only a short time away from the countries to which they still owe allegiance. Cases are not decided individually, upon their merits, but as soon as it is learned that an applicant for passage has been in an institution for the insane he is at once rejected. It can be seen that, with an unimpeded inflow of inferior immigrants to this country, and with an outflow which is so carefully regulated that only the

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prosperous and sound can return, we must ultimately become the asylum for an increasing number of those unable to sustain themselves.

We are endeavoring to impress upon the representatives of some steamship companies the desirability of not continuing in this position and we shall be very glad if we succeed in making arrangements with one of the large companies whereby suitable cases will be accepted, but we must confess that we have little hopes of such a satisfactory outcome to our negotiations.

CO-OPERATION WITH CHARITY ORGANIZATIONS

In the return of convalescent insane aliens to their homes in Europe, we have co-operated with various benevolent societies, notably the Society for Italian Immigrants, the Italian Benevolent Association, The Hungarian Relief Society and the Council of Jewish Women. In the case of all Hebrews returned to Europe, it is our practice to notify the Council of Jewish Women, and a representative of this society, who is notified by cable, meets each case at the port of arrival in Europe and sees that he is safely returned to his friends. We are informed by the local representative of this association that no case entrusted to its care has failed to reach the final destination in safety.

We have also had the co-operation in individual cases, of foreign consuls in the repatriation of convalescent cases, but, on account of the attitude mentioned above, this co-operation has not been as useful as might be expected.

RETURN OF ALIENS AT THE EXPENSE OF FRIENDS AND RELATIVES

In many instances the relatives of alien patients in New York State hospitals are able to pay all the expenses involved in their return. In such cases we co-operate with the relatives and the State sometimes pays for a small part of the transportation charges, or for some special attendance. This reduces very materially the per capita cost of returning aliens.

It should be stated that in no cases are aliens returned by the State against their will, or without the consent of their friends or next of kin. Although the term "deportation" is conveniently used to describe the return of such cases, they are not deported in the same sense that aliens subject to deportation under the Federal Immigration Law are returned. We have on file many letters from relatives begging us to return patients who cannot be returned on

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account of lack of funds or because of the refusal of steamship companies to take them.

NONRESIDENT INSANE

There has been a considerable increase during the last fiscal year in the number of nonresident patients removed from the New York State hospitals to states in which they are properly entitled to care. On account of its situation and commercial relations this State seems to be particularly unfortunate in being the destination of many insane people from other states. In some cases we have had reason to believe that the local authorities of other states had deliberately shifted undesirable citizens to New York, but such instances are much rarer than they were a few years ago, and we are inclined to think that this is due to the work of this Board.

During the past year we have secured the acceptance of nonresident patients by the proper authorities in Massachusetts, Vermont, Rhode Island, West Virginia, Virginia, Maryland, Florida, Illinois, Wisconsin and Michigan, and we have had more satisfactory relations with the local authorities in the State of New Jersey. It will be seen from Table No. 8 that the greatest number of nonresidents has been returned to that State. The return of nearly all of these patients has been accomplished with very great difficulty on account of the absence of a central board of control of institutions for the insane in that State. Responsibility for caring for the indigent insane of New Jersey rests with the local authorities, and these officials often pay little or no attention to our requests and act only when the insane patients are brought directly to their institutions. This is unsatisfactory and is not to the best interests of the patients, for we believe arrangements should be completed in advance and patients not be subjected to the possible hardships of fruitless journeys. The same difficulty is experienced, for the same reason, in returning residents of Connecticut, while in Massachusetts and Pennsylvania, where there are central boards of control, no difficulty is experienced. We believe that every effort should be made to secure some reciprocal arrangements, whereby the proper authorities in a number of states would agree as to what qualifications for residence should be established and under what conditions patients properly entitled to their care should be accepted.

It is very likely that negotiations to this end might be instituted at such national conferences as the meetings of the American Medico-Psychological Association and the National Conference of Charities and Corrections, and we would recommend that, if possible, we be

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permitted to bring the matter before the next conference of charities and corrections and secure the appointment of a committee to investigate the matter and make recommendations.

During the year three sailors in the psychopathic wards of Bellevue Hospital who were about to be committed to a New York State hospital, were transferred, through the efforts of this Board, to the custody of the United States Government, where they received care in a United States Marine Hospital or the Government Hospital for the Insane. We recommend that the Superintendents of the State Hospitals report to this Board promptly the case of any merchant seamen or discharged seamen from the Navy who come under their care.

The United States Army, through the Bureau of Insular Affairs, has made arrangements in two cases, to return natives of the Philippine Islands to their homes by United States Army transports, providing only that such cases be delivered at San Francisco.

GENERAL CONSIDERATIONS**VISITS TO HOSPITALS**

One of the members of the Board visited ten of the State hospitals in the spring, and as a result, a considerable number of deportable cases was found. We believe that this is an exceedingly useful procedure and that at least three or four visits a year should be made by a member of this Board to each of the State hospitals, as it is reasonable to expect that those particularly familiar with aliens and with the requirements of the Immigration Law will be more likely to verify deportable cases than hospital physicians whose time is fully occupied with their clinical and administrative work, and who have not been able to give especial attention to the rather complicated mechanism of the deportation of aliens.

NEW METHODS OF FILING

New methods of filing information collected regarding cases investigated, by means of statistical cards somewhat similar to those in use in the State hospitals, have been instituted, and we believe that the change will prove of much assistance in utilizing the large amount of information which is obtained. It is hoped that time will permit some special statistical studies to be undertaken during the year, for the installation of the new system of filing renders this possible. We feel that the information collected in the routine work of this Board is of great value to those interested in immigra-

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tion problems, as very little trustworthy information exists as to the relations between immigration and the prevalence of insanity in this country.

FINANCES

As has been pointed out, the measure of success which this Board has in the repatriation of aliens not deportable under the Federal Immigration Law, depends very largely upon the funds available for this purpose. It cannot be considered a sound economic practice to continue to maintain a single alien in a New York State hospital who desires to return to his home in another country, simply for the reason that there is no money available to pay for his transportation. A careful review of the cases pending at the close of the fiscal year convinces us that the amount appropriated for the deportation of aliens for the coming year will be sufficient to return only a small part of those who are now waiting. We therefore recommend that an additional appropriation of not less than \$25,000 be requested of the Legislature, in order that this valuable work may not be defeated.

PERSONAL

In February Dr. Thomas W. Salmon, of the United States Public Health and Marine-Hospital Service, was appointed to fill the vacancy created by the resignation of Dr. Sidney D. Wilgus.

RECOMMENDATIONS

Although the work of the Board has rapidly increased from year to year, there has been no material increase in the office force. As shown in the tabulated statement, the number of aliens deported to other countries and nonresidents returned to other States is 30 per cent greater than the number last year. This has been accomplished only through a correspondingly greater volume of correspondence. The present clerical force is inadequate to properly attend to the routine work of this Board, much less to care for the increase which is sure to come during the ensuing year. We desire to recommend that this Board be supplied with an additional stenographer, and a clerk who can devote her entire time to filing, card-indexing and compiling.

There is also urgent need of a female transportation agent, whose services would be especially valuable in the proper return of residents of New Jersey, Massachusetts and Connecticut, which is a matter of nearly daily occurrence. This work, of course, cannot be entrusted

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to our male transportation agent and interpreter, and the Superintendents are usually unwilling to allow their transportation nurses to perform this duty, often requesting that a member of the Board accompany such patients. This is an unnecessary expense as well as a very unprofitable use of our time, which is fully taken up with matters which cannot be left to others.

With the increase in the work of this Board and the accumulation of records, our present office space has become entirely inadequate. We interview a large number of the friends and relatives of patients each year and with the additional clerical force requested, the actual floor space of our present quarters would be absolutely inadequate. At the present time four persons work in a room having an area of 236 square feet, much of which is taken up by files, cases and desks. This single room is also the general waiting room for the relatives and friends of aliens and others visiting this office, and it is impossible and even improper to conduct satisfactory interviews regarding them in such a public manner.

Respectfully submitted,

GEO. B. CAMPBELL,

Chief Medical Examiner.

WM. E. SYLVESTER.

THOMAS W. SALMON.

STATISTICAL TABLES

To Accompany Annual Report of State Board of Alienists for Year
Ending September 30, 1911

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TABLE No. 1

Hospitals

STATE HOSPITALS	ALIENS DEPORTED			NONRESIDENTS RETURNED		Total
	U. S. Immig. Service	Ex- pense of State	Ex- pense of Friends	Ex- pense of State	Ex- pense of Friends	
Utica.....	4	.....	1	.....	1	6
Willard.....	2	3	.....	1	.....	6
Hudson River.....	13	5	4	3	2	27
Middletown.....	1	.....	.....	.....	1	2
Buffalo.....	4	3	1	.....	.....	8
Binghamton.....	2	3	3	.....	.....	8
St. Lawrence.....	4	4	1	3	1	13
Rochester.....	5	1	.....	1	1	8
Gowanda.....	1	4	.....	2	1	8
Kings Park.....	41	32	11	14	7	105
Long Island.....	4	2	3	1	2	12
Manhattan.....	79	50	60	45	45	279
Central Islip.....	123	85	90	74	60	432
Mohansic.....	.....	.....	.....	.....	.....	.....
Matteawan.....	2	.....	.....	.....	.....	2
Dannemora.....	.....	.....	.....	.....	.....	.....
Total State Hospitals....	285	192	174	144	121	916
Homes and Bellevue and Kings County Hospitals.....	57	12	60	7	70	206
Kings County Jail.....	1	.....	.....	.....	.....	1
Ellis Island*.....	2	.....	.....	.....	.....	2
Blackwell's Island.....	.....	.....	1	.....	.....	1
Total.....	345	204	235	151	191	1,126

* Cases deported in previous year intercepted while returning.

TABLE No. 1

It will be noticed in this table, showing the hospitals from which aliens were deported and nonresidents returned, that 916 were from the New York State hospitals. The removal of this large number has resulted in the net annual increase of patients remaining under treatment at the close of the year being only 600 instead of 1,500, as would have been the case had not especial attention been devoted to determining the eligibility of new patients for treatment at the expense of the taxpayers of this State.

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It will be noted that 129 aliens were deported to other countries from the observation wards of Bellevue Hospital and the Kings County Hospital and from their homes, and that 77 nonresidents were returned to their own States from these institutions and from their homes before they had gained admission to New York State hospitals. This feature of the work is of especial value as it not only saves the State the cost of maintaining such patients until arrangements could be made for their return, but also saves the considerable charge of committing them to State hospitals which would otherwise have to be borne by the City of New York. Some of the patients deported under Federal warrant from their homes had been removed from Bellevue Hospital as soon as it was learned that they were deportable under the Federal Immigration Law. It will be noted that all but 19 of the 206 patients removed from the observation wards of Bellevue Hospital and Kings County Hospital and from their homes were returned without expense to the State.

The enormous number of recent immigrants received by the hospitals in the Metropolitan districts is well shown by the fact that nearly 90 per cent of all the aliens deported by the United States Immigration Service from the New York State hospitals were deported from the four institutions which received their patients from Greater New York.

TABLE No. 2

Sex

	Male	Female	Total
Aliens deported to other countries:			
U. S. Immigration Service.....	169	176	345
Expense of State.....	148	56	204
Expense of friends.....	101	134	235
Total.....	418	366	784
Nonresidents returned to other states:			
Expense of State.....	83	68	151
Expense of friends.....	96	95	191
Total.....	179	163	342
Total aliens deported and nonresidents returned.....	597	529	1,126

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TABLE NO. 2

This table, showing the sex of the patients deported to other countries, and returned to other states during the year, indicates that about the same proportion exists as in all the admissions to the State hospitals. There are, however, some rather interesting facts shown upon analysis of the table. It will be noted that the number of women deported to other countries by the United States Immigration Service exceeded the number of men, in spite of the fact that men are greatly in excess in all immigrants arriving in this country and also in the foreign-born population of the State. We are unable to explain this disparity without further study of the question.

The considerable excess of men over women in those returned to other countries at the expense of the State can be accounted for by the fact that it is much more difficult to make the necessary arrangements for returning women in safety and, as nearly all of them have to go in company with nurses, the expense has been prohibitive in most cases. The funds at our disposal have been adequate to return only a small proportion of all the patients who desire to be sent back, and we have been obliged to use them to the best advantage—that is, in sending those patients who are able to travel with safety unaccompanied.

The excess of men over women in the number of nonresidents returned to other states at the expense of the State is accounted for by the great number of tramps who find their way into the New York State hospitals.

TABLE NO. 3

*Age***Aliens deported to other countries**

AGE	By U. S. Immigration Service	Expense of State	Expense of Friends	Total
Under 15 years.....	5	4	2	11
15 to 19 years.....	53	3	16	72
20 to 24 years.....	116	32	49	197
25 to 29 years.....	56	36	45	137
30 to 34 years.....	47	42	54	143
35 to 39 years.....	30	23	22	75
40 to 44 years.....	21	28	20	69
45 to 49 years.....	5	6	15	26
Over 50 years.....	12	18	10	40
Unascertained.....	12	2	14
Total.....	345	204	235	784

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TABLE NO. 3

This table, showing the ages of aliens deported to other countries, is an indication of the value of this work. It will be noted that among the aliens deported by the United States Immigration Service the greatest number were between 20 and 24 years of age. The average age of all of those thus deported was 28.3 years, while the average age of all the patients admitted to the State hospitals is about 35 years. The great preponderance of young adults among the aliens deported possesses much significance, for the average expectancy of hospital life of such patients is greater than for all patients and the economic value to the State of their removal is correspondingly more.

The average age of those deported to other countries at the expense of the State is 34.6 years and of those deported at the expense of friends is 30.7 years.

TABLE NO. 4

Civil condition

Aliens deported to other countries

CONDITION	By U. S. Immigration Service	Expense of State	Expense of Friends	Total
Single.....	263	153	147	563
Married.....	73	44	81	198
Widowed.....	4	2	5	11
Separated.....	3	2	.....	5
Divorced.....	2	.....	2	4
Unascertained.....	.....	3	.....	3
Total.....	345	204	235	784

TABLE NO. 4

This table, showing the civil condition of aliens deported to other countries, has no feature especially noteworthy except the preponderance of single persons, nearly 60 per cent of all such cases being single, while in the admissions to the New York State hospitals the proportion, for both sexes, is 40 per cent. This is accounted for by the large numbers of young persons among alien patients, also by the fact that single persons are greatly in excess in the foreign-born population as compared with people of the same age in the native population.

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TABLE NO. 5

Nativity

Aliens deported to other countries

COUNTRY	U. S. Immig. Service	Ex- pense State	Ex- pense Friends	Total
Austria.....	51	19	19	89
Hungary.....	14	3	14	31
Belgium.....	2	1	1	4
Bulgaria, Servia and Montenegro.....	.....	.....	.....	.....
Denmark.....	4	1	.....	5
France, including Corsica.....	8	1	6	15
German Empire.....	25	24	15	64
Greece.....	4	4	2	10
Italy, including Sicily and Sardinia.....	44	34	50	128
Netherlands.....	3	.....	.....	3
Norway.....	6	5	.....	11
Portugal, including Canary and Azore Islands.....	.....	.....	.....	.....
Roumania.....	1	.....	2	3
Russian Empire (and Finland).....	85	30	40	155
Spain, including Canary and Balearic Islands.....	1	1	2	4
Sweden.....	13	3	3	19
Switzerland.....	3	1	1	5
Turkey in Europe.....	2	2	8	12
United Kingdom:				
England.....	6	13	9	28
Ireland.....	33	46	38	117
Scotland.....	4	6	5	15
Wales.....	.....	.....	.....	.....
Other Europe.....	.....	.....	.....	.....
China.....	.....	.....	5	5
Japan.....	.....	1	.....	1
India.....	.....	.....	.....	.....
Persia.....	1	.....	1	2
Turkey in Asia.....	2	.....	.....	2
Africa.....	.....	.....	.....	.....
Australia, Tasmania and New Zealand.....	.....	.....	2	2
Pacific Islands, not specified.....	.....	.....	.....	.....
British North America.....	19	4	10	33
Central America.....	.....	.....	.....	.....
Mexico.....	.....	.....	.....	.....
South America.....	2	1	.....	3
West Indies.....	12	4	2	18
Other countries.....	.....	.....	.....	.....
Total.....	345	204	235	784

TABLE NO. 5

It is seen in this table, showing the nativity of aliens deported to other countries, that natives of twenty-seven different foreign countries were deported by the United States Immigration Service or at the expense of the State or themselves during the year.

REPORT OF THE DIRECTOR OF THE PSYCHIATRIC INSTITUTE FOR THE FISCAL YEAR 1910-1911

To the State Commission in Lunacy:

GENTLEMEN.—In my last report I stated broadly the lines along which the work of the Institute is carried on. The principle which has continued to guide this work is that of making it useful to the State service as a whole, by aiding in the training of the physicians and in the maintaining of the standard of medical efficiency in the hospitals. This has been done mainly through the assistance which the Institute has given to the hospitals in working up such autopsy material as has been sent to it; by the part which members of the Institute have taken in the inter-hospital meetings; and by courses of instruction given at the Institute. A large amount of work has been spent on anatomical reports which were sent to the hospitals. The attempt has always been made to make these reports reasonably complete, and yet with the force which the Institute has had, still further crippled in the past year, it has been impossible to keep up these reports so that they could be sent out promptly and regularly, this in spite of the fact that the time of the force in the anatomical laboratory has been occupied with little else than this endeavor.

The cases thus worked up naturally fall into groups which form topics of research. The results of such research have been here and there presented at the inter-hospital meetings, as well as before other medical societies, and have been published. However, the time and force have, unfortunately, been lacking to put a more comprehensive study upon such groups. This has been especially the case during the past year, in which the Institute has lost the valuable help of several members of its staff to be mentioned later.

Such a state of affairs is unsatisfactory to us and to the service. More men are needed immediately, and until they can be found (which is proving to be a difficult matter) we would suggest that the hospitals send only such cases as cannot be successfully handled in their laboratories, either through difficulty of diagnosis or on

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account of lesions which require treatment by serial sections, as in cases of aphasia or other more focal disorders of the nervous system. In general, however, the hospitals should, as heretofore, feel that any case upon which they desire help can be sent to the Institute. It seems to us that a summing up of results to be derived from the extensive studies already made at the Institute, and the taking up of special problems, should in some way be made more possible in the immediate future, and we have to guide our efforts in the direction of that which is all around most profitable. There is a certain economy of work which should not be lost sight of. By bringing together the facts so far collected, we mean more particularly the anatomical studies in general paralysis, brain syphilis, arteriosclerotic and senile dementia, and brain tumors, while from a clinical point of view, more particularly the so-called functional psychoses, such as manic-depressive insanity and dementia praecox, together with the cases which lie more in the periphery of these groups, should receive a more comprehensive treatment. As has been stated in regard to all these topics, studies have been published, but one naturally has a desire for a comprehensive summing up so as to obtain a clear view of the facts and a formulation of new problems. Therefore we desire to gradually direct our energies more and more in this direction, while at the same time the other work will not be lost sight of.

During the past year considerable changes have taken place in the staff of the Institute. On October 24, 1910, Dr. Glanville Y. Rusk resigned his position as assistant for autopsies, to take up work as assistant professor in pathology at the University of California. Dr. Rusk gave only a part of his time to the Institute, while the greater part was given to the autopsy work at the Manhattan State Hospital. His place was filled by Dr. Charles I. Lambert, of whose help, in the anatomical department, we therefore became deprived to a great extent, because, although he retains some connection with the Institute, his main labor is now devoted to the Manhattan State Hospital. On October 15, 1910, Dr. James B. Murphy resigned his position as medical interne in the clinical department, to take up work at the Rockefeller Institute. On November 1, 1910, Dr. F. Lyman Wells was made assistant in experimental psychology, but was, unfortun-

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nately, taken ill in the spring and then resigned July 1, 1911. On January 30, 1911, Dr. Charles Ricksher was appointed assistant physician in clinical psychiatry. On August 19, 1911, Dr. David K. Henderson, assistant physician in clinical psychiatry, left the department to return to his home in Scotland after a trip to Germany, which he undertook for the purpose of study. His place was filled by Dr. Glenn E. Myers. Finally, on August 1, 1911, Dr. C. Macfie Campbell, who had been for several years associate in clinical psychiatry, resigned to accept the position of first assistant physician at Bloomingdale hospital, White Plains, N. Y. There are, therefore, at the Institute a number of vacancies which we have not as yet been able to fill. The general dearth of men which is felt in the State hospitals, and in general pathological laboratories throughout the country, makes itself felt in this Institute as well, and naturally hampers our work.

Of the work done in the different departments, the more detailed scientific report, which follows later, will give some idea. We may here insert, however, a statement in regard to the psychological work which Dr. Wells carried on during his connection, of some six months, with the Institute. As Dr. Wells states in his report, his work referred chiefly to studies on associations. An attempt was made to find how far different characteristics in the response to association tests were expressions of certain types of personality. The method was essentially statistical, consisting on the one hand of the valuation of the facts by means of the frequency tables of Kent and Rosanoff, which show certain normal standards of frequency of association reactions, also statistical according to a system of classification which has grown out of general experience with the association test as being that which brings out best the significant characteristics in it. The aim was to exclude subjective factors. Thus far the results have shown (a) the existence of definite types of association reactions in different individuals, (b) the extent and characteristics of fluctuations within these types. It remains now to ascertain, if possible, of what personalities the individual differences of association types are the expression and what psychogenic factors determine the fluctuations in the same individual. Further work was carried on by Dr. Wells in con-

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junction with Prof. R. I. Woodworth of Columbia University, namely, a report on the standardization of various forms of association tests, which was brought very near to completion. Some studies were also made by students of Columbia University under the direction of Dr. Wells, among them studies in cases of manic-depressive insanity of different periods of their course by means of the tapping test, association test, test for distractibility, and sensory tests; also studies on memory tests.

During the months of April and May a course was given at the Institute, to which invitations were sent to all the State hospitals with the request that those men should be sent to attend the course who would be likely to profit most by such instruction. Unfortunately not all the hospitals could send physicians on account of the fact that there were too many vacancies on their staffs. Nevertheless there was an attendance of ten men, who were distributed over the different hospitals as follows: Binghamton State Hospital (Dr. Ross McC. Chapman); Buffalo State Hospital (Dr. Wm. W. Wright); Gowanda State Hospital (Dr. Earl V. Gray); Kings Park State Hospital (Dr. John R. Ross and Dr. Sylvester R. Leahy); Long Island State Hospital (Dr. Paul G. Taddiken); Manhattan State Hospital (Dr. Ralph P. Folsom); St. Lawrence State Hospital (Dr. Robert King); Rochester State Hospital (Dr. Irving L. Walker); Willard State Hospital (Dr. Erving Holley).

The course was designed to cover the main data which were deemed to be of importance for treatment and for a successful, progressive, study of cases with mental disorders, so far as the mental and the neurological side was concerned. For this purpose it was thought necessary to offer (1) lectures and practical work with patients, associated with discussion of each case — a course in *general psychiatry*; (2) lectures and practical exercises with discussion of the main data of *neurological examinations*; (3) owing to the growing importance which must be attributed to the study of psychoanalysis for the understanding of the mechanisms of the functional psychoses, as well as for their causation, there was added a course and discussion on *psychoanalysis*; (4) in many of the organic psychoses, more or less de-

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cided mental defects of a more localizable character are seen to play a part in the mental symptoms, or to be added to them. In order to cover that field there were given lectures and demonstrations regarding the symptoms of *aphasia*, *apraxia*, *agnosia*; (5) upon the importance of a thorough knowledge of the *anatomy*, *pathological anatomy* and *physiology of the nervous system*, we need hardly insist. Lectures and demonstrations in this field also formed a very important part of the course.

The principles which were observed in the different portions of the course may here be stated more in detail.

1. *General Psychiatry* (Dr. Hoch). An attempt was made to train the men in the observation of patients, mostly new admissions, not only so far as their present condition, but also so far as history taking, was concerned, with special reference to a constant attempt which should be made to reconstruct from the present state and from what is known regarding the patient's make-up and habitual reactions and defective adaptation, together with the known causes, the mechanisms of development of the psychosis. In spite of the fact that this is in most cases possible only to a small extent, it should nevertheless be the spirit which actuates us in the study of our cases. At the same time, so far as the study of the condition itself was concerned, stress was laid upon the importance of getting away from too formal a study of the patient's reactions, and the importance of taking into consideration the setting of the individual symptoms; the importance of viewing the clinical picture as a whole and often as a reaction to internal or external situations, in which the finer distinctions of the affective attitude deserved much attention. In this way the routine of the status is done away with and each case is taken more as a problem by itself. The emphasis was not so much laid upon a one word diagnosis as upon a careful sizing up of the condition, even if such a diagnosis could not be made, or was felt not to express accurately the situation, hence upon a careful formulation of the data which the patient presented, as a necessary step to be taken before the diagnosis is made. It is only in this way that we learn to observe finer distinctions which make progress in the understanding of mental conditions pos-

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sible, and to get away from a certain schematism. In some introductory lectures the main principles of the different disorders, so far as they were known, were discussed.

2. *Neurology* (Dr. Campbell). In a series of talks illustrated by the clinical material on the male service, the methods of neurological examination were gone over in considerable detail. Comparatively little time was given to the discussion of the rarer neurological disorders; the greatest emphasis was laid on those points which are important to keep in mind in the examination and treatment of the types of organic dementia most frequently met with in the State hospitals.

3. *Psychoanalysis* (Dr. Campbell). The aim of this course was not so much to give a complete systematic exposition of modern doctrines as to show how much these doctrines contribute to a deeper understanding of the actual mechanism of a great variety of mental disorders.

Opposition to the new doctrines is extremely wide spread and deeply rooted, and some of the physicians attending the course were conscious themselves of a somewhat antagonistic attitude towards modern psychoanalytic views. The origin of this antagonism was discussed in considerable detail and its relation to a similar antagonism to other modern theories, now currently accepted, such as the doctrine of evolution.

As Freud's views are somewhat startling when given in crude outline in their latest developments, it was considered advisable to go over step by step the course which Freud himself traveled in developing his theories. Freud started with many of the prejudices and resistances which his opponents still cling to.

The first work of Freud studied in the course was his studies on hysteria made in collaboration with Breuer. The cases reported in that work were gone over in considerable detail and their discussion served to illustrate the advance which later studies have made in the understanding of hysteria. At this stage of the course a series of discussions with the attending physicians revealed the fact that the belief in heredity as the cause of the psychoneurosis seemed to some to be inconsistent with Freud's views of the mechanism of the psychoneuroses. Mendelian laws seemed to make the "mechanisms" of Freud

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superfluous, if not false. The discussion served, however, to make clear that there is no such antagonism between the laws of heredity and Freud's doctrines. Freud admits, necessarily, the importance of the laws of heredity, but tries to show along what lines the constitutional weakness in the individual is manifested and demonstrates the mechanism of the various stages in the development of the symptoms consequent on this constitutional flaw.

After the analysis of hysteria, the mechanism of the anxiety neurosis and of the development of morbid anxiety in general was taken up and illustrated by cases from literature and by cases personally observed. The various facts were gone over which tend to substantiate Freud's empirical statement that anxiety is the mental correlate of a physiological condition of the organism determined by an inadequate expression of the sexual instinct. Freud's paper on the anxiety neurosis was reviewed at considerable length.

After the anxiety condition, the obsessive neuroses were referred to, and cases personally observed were used in order to illustrate problems which arise in this group. Three cases from one of the State hospitals formed a very valuable basis for discussion of this neurosis and served as a useful introduction to a detailed analysis of Freud's most recently recorded case of obsessive neurosis.

In the concluding talks an endeavor was made to show that the principles derived from the study of the psychoneuroses are of the greatest value in the study of the psychoses in general, especially of the so-called functional psychoses. To illustrate this, a case with a clinical picture rather similar to that of dementia praecox was analyzed in detail.

The course concluded with some remarks on the necessity of keeping in mind certain wider philosophical truths which should form the setting for the psychoanalytic doctrines.

4. *Apraxia, Agnosia and Aphasia.* (Dr. Hoch). The study of apraxias, agnosias and aphasias was taken up from the point of view of leading the physicians through the more simple motor and sensory defects to the defects of the higher associative and

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elaborative mechanisms. Therefore the peripheral and central motor and sensory disorders, as well as ataxia, were first discussed before the more complicated symptoms were taken up.

The study of apraxia was introduced by going over the original case of Liepmann; and then Liepmann's later articles, as well as those of Pick, Hartman, Wilson, and others, who followed Liepmann, were discussed. Some principles of apraxia were illustrated by the demonstration of a case of essentially ideatory apraxia.

The study of agnosia had to be taken up chiefly by means of cases from the literature, although isolated symptoms could be demonstrated here and there.

For the study of aphasia we had at our disposal, not only the excellent Institute collection of anatomical material in serial sections, together with the clinical findings in these cases, a material which formed the basis of Dr. Meyer's Harvey lecture — but also some twelve clinical cases which have been studied at the Institute service and which are still in the wards, either in the Institute or the Manhattan State Hospital. The literature was freely made use of, especially the excellent review of Von Monakow, the papers by Pierre Marie, Liepmann, Heilbronner, and many others. The localization was discussed from the point of view of lesions in the proximity of the motor and sensory centers, and the clinical features were dealt with as specialized apraxias, agnosias, and elaboration disorders under the headings of complete and partial motor and sensory aphasias and mixed aphasias, while agraphia and alexia were also taken up separately. Much could be demonstrated on actual cases, in which to the interpretation of the results of each test much attention was given; and it was urged that while a guide was an excellent help in the examination of these disorders, it should not be followed blindly, that each finding should be carefully tested and should lead to the next step, so that an aphasic status does not merely represent a putting together of more or less disconnected facts, but an elaborated study of the case. In this way it is hoped that we can more and more collect, in the State service, valuable material in

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which not only the anatomical work is well done, but also the clinical findings are thoroughly worked up.

5. *Anatomy of the Brain.* (Dr. Dunlap). In this part of the course the main features of the adult human brain and spinal cord were briefly reviewed by the aid of demonstrations, charts, and quizzes, preliminary to taking up these features from the developmental standpoint. After the main gross features were fairly in mind, the growth of these structures was traced from the simple embryonic beginnings through the later stages chiefly by the aid of His's wax models, and special emphasis was laid on the advantage of thus referring the complex structures back to their origin in the simple elements of the neural tube. The importance of regarding the brain stem and spinal cord as made up of a series of segments was also emphasized; the elements which composed the individual segments were discussed and the way in which these segments were connected with one another, and the paths by which these segments were brought into relation with the structures in the cerebellum and cerebral hemispheres to make working mechanisms was dwelt upon. This part was illustrated by charts, drawings, sections, and as far as possible, by actual specimens, and individual dissections by each member of the class, supplemented by the projection in the dark room of serial sections of the brain stem, with repeated demonstrations by the class until most of the important tracts and connections became familiar.

The cerebellum, the mid-brain, and the cerebral hemispheres were taken up from the point of view of their anatomical units, their interworking, and their anatomical and functional connections with the segments. The various cortical areas associated with special function (such as sight, hearing, etc.) were then taken up in some detail. Here again actual dissection was used, as far as possible, in illustration. The various pathological conditions of the brain and spinal cord could be only briefly considered as such, although they were constantly used to illustrate normal conditions by contrast.

In view of the fact that few or none of the class were likely

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to become histologists, individual study of microscopical details was not considered to be of so great practical value as a more thorough understanding of the great working mechanisms of the brain and cord. It seemed best to do a few things well, and to get as clear a working grasp as possible, rather than to spread diffusely into matters of which, at present, little practical use can be made. It seemed more practical to consider where and how an anatomical lesion might bring discord into a functional system, or group of systems, of known importance, than to spend time on structures whose anatomical and functional importance was not yet evident, or to spend time on the architectural features and cytological varieties of the human cortex. At the end a short review of the whole course was given, and pictures and photographs of charts were furnished to serve as an atlas for future use.

In conclusion I desire to express my appreciation to the Commission in Lunacy, and to the superintendents and other officers of the hospitals, for their support and assistance. To my colleagues at the Institute is due much credit for the excellent work which they have done.

Very respectfully yours,

AUGUST HOCH,

Director.

October 1, 1911.

CONSERVATION LAW

Section. 59. Recommendations to state institutions. The conservation commission is authorized and empowered to make, or cause to be made, an examination of the lands of the state used in connection with state institutions, at least once in each year, and at such other times as the state officer having jurisdiction over such institutions may request; and said commission shall report the results of such examination, and make recommendations thereupon, and give advice in reference to the protection and improvement of forests and shade trees thereon, to the fiscal supervisor of state charities, the superintendent of state prisons, or the state commission of lunacy for their respective departments. The superintendent or other managing officer of such institution shall transmit such information in relation to such lands as may be requested by the conservation commission, and shall render such other assistance as the conservation commission shall require.

SUMMARIES OF REPORTS OF STATE HOSPITALS

On the following pages appear summaries of the annual reports to the State Commission in Lunacy of the board of managers and superintendent of each of the State hospitals for the insane. Printed copies of the complete reports can be obtained by addressing the respective institutions.

SUMMARY OF THE SIXTY-NINTH ANNUAL REPORT OF THE UTICA STATE HOSPITAL

At the close of the fiscal year ending September 30, 1910, the census of patients showed 689 men and 743 women, a total of 1,432. During the past fiscal year there has been a net increase of 53 men and 37 women, the total population on September 30, 1911, being 1,522. The daily average population was 1,491. Last year it was 1,403. The total number of patients under treatment in the hospital during the year was 1,829, an increase of 101 over the previous year.

The total number of cases admitted was 397, of which 230 were men and 167 women. The first admissions included 168 men and 115 women. Of those admitted, 112 (28.2 per cent) were foreign born, an increase of nearly 9 per cent over last year.

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An effort has been made to determine the working of the new law, which went into effect October 1, 1910, transferring the responsibility for the care of persons supposed to be insane from those charged with the care of the poor to the health officers. It was hoped that this statute would greatly increase the detention of patients in jails and lockups and the statistics of our admissions show that to some extent such has been the case. There has been during the past year an increase of 4 per cent in the number admitted from general hospitals and other institutions having special facilities for the care of the insane and a decrease of 2 per cent in the admissions from jails and lockups. That there is ample opportunity for further improvement in the care of the insane prior to admission in a State hospital is shown by the large number of patients still temporarily confined in jails and by the neglected condition in which many of the patients are found by the nurses who bring them to the hospital.

During the year 13 voluntary patients were admitted. Of these, one was discharged as recovered, four as improved, one as unimproved, one died, and one was not insane.

The discharges during the year numbered 181, of which 81 recovered, 65 improved, 33 were unimproved and 2 were not insane. Two patients were transferred to other institutions for the insane.

Of the 81 discharged as recovered, 42 were men and 39 women. Manic-depressive insanity was the diagnosis in 38 of these cases and alcoholism in 22. The longest duration previous to admission of a recovered patient was 12 years and the longest period under treatment of a patient who recovered was 1 year, 10 months and 26 days. The average duration prior to admission of recovered cases was 5 months and 3 days, and the average period under treatment, 7 months and 9 days. The per cent of recoveries based on admissions exclusive of transfers was 21.36, a decrease of nearly five per cent compared with last year.

Seven of the foreign-born patients have been returned to the countries in which they were born, four through the agency of the Bureau of Immigration and three at the expense of relatives.

The number of patients who died during the year was 126, of which 77 were men and 49 women. Twenty-eight patients died of

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heart disease, 18 of general paresis and 10 of tuberculosis. Nearly two-thirds of the patients who died were 60 years of age or upwards. There were two suicides during the year.

A few sporadic cases of infectious diseases occurred in the hospital, but in each case the spread of the disease was promptly checked.

The work of the training school during the year has been very successful. Twenty-four nurses were graduated and the present senior class has twenty-two members.

The new laundry building was equipped early in the spring with modern machinery. The laundry is now thoroughly up-to-date and is working in a highly satisfactory manner. The fire risk of the institution is greatly diminished by the building of the new plant.

The Legislature of 1911 passed an act authorizing the extension of Hickory street through the hospital grounds. In view of the fact that the hospital, before the extension of this street, was in need of more land and was unable to obtain any of the adjacent property, Governor Dix, of his own volition, recommended to the State Commission in Lunacy that a new site for the hospital be obtained, consisting of 1,000 acres of land, and that new buildings should be erected for the accommodation of 3,000 patients or more, all to be built to embody the most modern ideas, and the farm to be conducted upon the most scientific principles. The Legislature passed an act authorizing the State Commission in Lunacy to contract for a new site in accordance with the recommendations of the Governor. Several sites are under consideration and it is probable that one will be chosen in the near future.

Mrs. Emma Barker, who had been a most efficient matron of the hospital for forty-five years, died August 31, 1911.

A thorough examination of the accounts of the hospital was made by the Audit Company of New York early in the year. While some minor defects in the hospital's records were found, no cases of dishonesty were brought to light.

Upon the recommendation of the Audit Company, the State Commission has directed the adoption of a new system of accounts to take effect October 1, 1911.

Summaries of Reports of State Hospitals — Willard

Various forms of entertainment have been provided for the patients. Dances have been held on Thursday evenings during the fall, winter and spring, and in the summer band concerts and baseball games on the lawn have been substituted. The annual field day was held September 12. Many of the patients enjoyed the circus and "Utica Day." On the latter day an aviator circled the hospital grounds to the delight of many of the patients.

Changes in the staff occurred as follows: Dr. Christopher Fletcher, junior assistant physician, resigned December 1, 1910, to accept the position of assistant physician at the St. Lawrence Hospital. Dr. Ralph E. Clogher, medical interne, was promoted April 15, 1911 to the position of junior assistant physician to fill the vacancy caused by Dr. Fletcher's resignation.

SUMMARY OF THE FORTY-THIRD ANNUAL REPORT OF THE WILLARD STATE HOSPITAL

The total number admitted during the year was 343; of these 172 were men and 171 women. The number received on original commitments (including 7 voluntary cases) from the hospital district was 236; 107 were transferred from other hospitals. Of the direct admissions 207 were of native and 29 of foreign birth.

A total of 334 patients were discharged, 183 being men and 151 women. Of these, 39 men and 23 women were recovered, 7 men and 1 woman were much improved, 9 men and 15 women were improved, 14 men and 3 women were unimproved and 5 were discharged as not insane. Eight men and 2 women were transferred to other hospitals.

The number of deaths for the year was 208; of these 101 were men and 107 women, a percentage of 8.7 of the average daily population.

The epidemic of typhoid fever which broke out about August 1 of last year, subsided in severity in the course of three months. During the year just closed there were 19 cases, making a total of 45 since the epidemic first appeared. Nine of the cases resulted fatally. On account of the epidemic the State Legislature voted an appropriation of \$45,000 for a filtration plant and improvements to the sewage disposal system.

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There were 14 cases of diphtheria and 16 of erysipelas. One death resulted from each disease. Of the 108 patients treated for tuberculosis 26 died. Two suicides occurred and one employee was killed by a patient.

One hundred thirteen autopsies were held, representing 54.3 per cent of the total number of deaths.

Much stress is laid upon the importance of environment and training in the treatment of certain forms of mental disorders especially dementia praecox. The school established many years ago for the instruction of demented patients proves beneficial to a large number. In addition to the professional entertainments given in the amusement hall, weekly concerts were given by the hospital band and orchestra and weekly dances were held from September to June. Baseball games were played with neighboring teams on each Saturday afternoon during the summer at which the hospital band furnished music. The patients also enjoyed boat rides and picnic parties during the summer and no less than 1,493 patients attended the annual field day on September 21.

The training school for nurses graduated a class of eleven members, the junior class had a membership of 23.

The usual large number of changes occurred in the non-competitive class of hospital employees. The Superintendent urges that additional compensation be provided for the attendants and nurses employed in the ward service and in the kitchen and dining rooms.

The principal improvements of the year were: The construction of a stand-pipe and water tank with a capacity for 30,000 gallons at Grandview; the renewal of the hospital telephone system at a cost of \$4,000; the renewal of the electric light wiring in several buildings; the planting of 3,000 trees; and the construction of a concrete dock wall.

The following needs of the hospital are deemed urgent: Improvements to the heating system, new sorting room for the laundry, the enlargement of the sink rooms at the Maples, Pines and Edgemere and the construction of verandas for the hospital wards at Chapin House and Edgemere.

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Changes occurred in the medical staff as follows:

March 6, 1911. Dr. Walter G. Ryon was appointed first assistant physician.

August 20, 1911. Dr. John W. Russell, second assistant physician, resigned to accept the position of first assistant physician at the Matteawan State Hospital.

Dr. William H. Montgomery of Kings Park was appointed first assistant physician.

August 1, 1911. Dr. Erving Holley was transferred to the position of second assistant physician at Long Island State Hospital.

Dr. Chester L. Carlisle was transferred to the position of second assistant physician at Kings Park State Hospital.

Dr. William A. Smith was promoted to the position of assistant physician.

September 1, 1911. Dr. Christopher Fletcher was transferred from St. Lawrence State Hospital to the position of assistant physician.

September 4, 1911. Dr. Ralph S. Pettibone was appointed junior assistant physician.

SUMMARY OF THE FORTY-FIFTH ANNUAL REPORT OF THE HUDSON RIVER STATE HOSPITAL

There were 615 admissions during the year; of these 496, 262 men and 234 women, came on original commitments; 43, 23 men and 20 women, came as voluntary cases; 76, 43 men and 33 women, were transferred from other institutions. One hundred two patients admitted had previously been under treatment. The largest number under treatment at any one time was 3,022; the smallest number, 2,048. The average daily population was 2,987 and the total number treated, 3,632.

Sixty-two men and 48 women were discharged as recovered; 12 men and 24 women, as much improved; 19 men and 28 women, as improved; 23 men and 19 women, as unimproved; 19 men and 6 women, as not insane; and one woman, as unclassified. One hundred thirty-eight men and 175 women died. Twenty-two patients were returned to their homes in other states or foreign

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countries. The death rate based on the total number treated was 8.7 per cent.

The efforts to determine the causes of insanity were continued during the year. An inquiry into the 56 cases of general paresis showed that practically all had had syphilis. In eight per cent of the cases admitted alcohol was the causative factor.

From 61 to 62 per cent of the patients have been employed in suitable occupations. Basket making, and linen and rug weaving previously installed in the Main building have been added to the Reception Hospital equipment with good results.

A considerable variety of amusement is provided. Dances are held in the afternoon in summer, and in the evening in winter. At least one other entertainment is held each week in the Amusement Hall during the winter months. The merry-go-round is a source of great enjoyment to the patients and increases in favor each year. The substitution of an electric motor for the old steam engine has proved to be a great improvement. The connection with the hospital of the Poughkeepsie trolley line makes it possible for larger numbers to attend the Dutchess County Fair, the Flower Show, and other entertainments in the city. An enjoyable clam bake was given on September 14.

One hundred forty-five autopsies were performed which represent 46.3 per cent of the total deaths. This is an increase of 45 autopsies, or 31 per cent over last year. Fourteen brains of the especially interesting cases were sent to the Psychiatric Institute.

Autogenous vaccines have had a prominent place in the treatment of various infections and the results have been highly satisfactory.

The milk supplied the hospital was frequently examined chemically and bacteriologically and a standard product thus assured. The hospital drinking water was also examined and counts for bacteria and the colon bacilli were made.

The training school for nurses graduated a class of 12 members. The school for newly appointed attendants has been reorganized along lines of greater efficiency.

No new improvements of any magnitude were undertaken during the year, the general repairs, however, were kept up better than usual.

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Owing to the increase in population and the great strain on the filter beds the water supply has become unsatisfactory. In order to ascertain the best means of securing a pure and abundant supply Messrs. Hazen and Whipple were requested to examine and report on the subject. Their report calls for a sedimentation basin and an enlargement of the mains. Plans are now being prepared and contracts will be let early in the year.

The superintendent sets forth the following needs of the hospital: A nurses' home at Main Building, a staff house for the proper housing of the medical officers, a hospital for the tuberculous insane, an addition to the dining room at Central Group, the renovation of the Nurses Cottage at Central Group, a new trolley station, additional land, and several minor improvements.

The following are the principal changes that have occurred in the medical staff during the year:

Nov. 15, 1910, Dr. Ross D. Helmer, appointed junior assistant physician.

Dec. 15, 1910, Dr. Milton W. Pratt, junior assistant physician, resigned.

May 15, 1911, Dr. Stephen H. Reed, M. D., junior assistant physician, resigned.

May 20, 1911, Dr. Leona E. Todd, appointed woman physician.

July 10, 1911, Dr. Clarence L. Sicard, appointed junior assistant physician.

July 31, 1911, Dr. Adelbert C. Matthews, assistant physician, resigned to accept a position in the California service.

Aug. 5, 1911, Dr. Percy L. Dodge, assistant physician, transferred from Kings Park State Hospital.

Sept. 1, 1911, Dr. Walter Hovey, reinstated junior assistant physician.

Drs. Frederick W. Parsons, Willis E. Merriman, Mortimer W. Raynor, William C. Porter, Florence A. King, Ross D. Helmer, Howard P. Carpenter, Wm. J. Cavanaugh and T. Grover De LaHoyde were promoted during the year.

SUMMARY OF THE FORTY-FIRST ANNUAL REPORT OF THE MIDDLE-TOWN STATE HOMEOPATHIC HOSPITAL

There were 256 admissions during the year; of these 53 women, or 44 per cent, and 58 men, or 42 per cent, gave a history of insanity in the family. One hundred and one patients admitted were over 50 years of age, and of these 23 were past 60, 13 were over 70, and 10 were over 80.

Eighty-nine patients were discharged as recovered, 13 as much improved, 28 as improved, and 11 as unimproved. Of the patients discharged as recovered, 33 had been insane less than one month; 19, from one to three months; 11, from three to six months; 9, from six to nine months; 2, one year; 6, one to two years, and 9, two years and over.

Ninety-six patients died during the year. The death rate based on the whole number treated was 4.28 per cent. Last year the rate was 4.73 per cent.

The medical officers of the hospital with reduced numbers have been kept very busy. Four vacancies have existed on the staff the greater part of the year. Owing to the inadequate compensation offered it is extremely difficult to secure well qualified physicians for the hospital service.

The dental work of the hospital was performed by a dental student who was regularly employed. The Superintendent believes that in view of the amount and value of the dental work a resident dentist should be appointed on the staff of the hospital.

Dr. Woodman has continued to perform the ophthalmological work of the hospital.

During the year 58 autopsies have been performed representing 60.4 per cent. of the deaths. An effort is made to obtain an autopsy in every case. Nine cases that came to autopsy were referred to the Psychiatric Institute for examination.

One of the physicians developed scarlet fever in January, 1911. He was immediately isolated in the contagious pavilion and suffered a severe attack of the disease. The quarantine was raised March 7.

On February 3, 1911, r6theln developed in an employee living outside the hospital. He was immediately sent home, but the

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disease was contracted by 19 patients and 28 employees. The last case was removed from isolation on the seventh of June.

The new building, Ashley Hall, for the acute insane, was opened for the reception of patients on October 10, 1910. The building is well designed and comfortably furnished. In enabling us to segregate our acute cases and to classify them for the purpose of individual study and treatment, it is filling a long felt want. The hydrotherapeutic apparatus has not been installed, but provision for its purchase was made by the last Legislature.

Excited cases have been treated in the open air on the verandas adjoining the disturbed sections, with seemingly better results than when cared for within doors.

Every legitimate effort has been made to induce each able-bodied patient to do some useful work. During the year 34.8 per cent of the women and 49.34 per cent of the men patients have been employed. An industrial building to enable us to employ more of the patients is much needed.

A large variety of indoor entertainments have been held and the usual dances, baseball, football and basketball games have been enjoyed.

The patients' fair and floral exhibit which was held in November created great enthusiasm among the patients who were able to take part in its preparation. It was attended by many people from Middletown and a number from out of town. The sale of articles netted about \$300. This money will be used for purchasing materials for another fair, for new records for the musical instruments in the different wards, and for delicacies and needed articles of clothing for friendless patients.

The training school for nurses graduated a class of 14 in May. The present senior class has 10 members.

Every precaution is taken to guard against fire. Most of the wards are supplied with automatic fire sprinklers, standpipes and portable chemical extinguishers. Fire pails filled with water are placed about each ward at night. The fire-fighting force has been regularly drilled once in two weeks, about seven months of the year, and the patients who were able have been drilled once a week.

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Attention is called to the many changes occurring in the force of nurses and attendants caused by the low wages paid these employees. The Superintendent recommends that the scale of wages be raised and that the salaries of the medical staff be made sufficient to attract competent men to the service.

A pension system for State hospital employees is also recommended.

Two members of the Board of Managers, Mr. Ira L. Case and Mr. William A. Lawrence, died during the year.

Changes in the medical staff occurred as follows:

October 1, 1910, Dr. Harry V. Bingham, Dr. Harry B. Ballou and Dr. Nelson W. Thompson were promoted from junior physician to assistant physician. Dr. Roy E. Mitchell was promoted from assistant physician to second assistant physician.

March 1, 1911, Dr. Frederck P. Schenkelberger was transferred to the Gowanda State Hospital.

July 1, 1911, Dr. Roy E. Mitchell resigned his position as second assistant physician.

The following list of needs is set forth by the Superintendent:

Laboratory and mortuary building, addition to electric light plant, removal of barns to new sites, new piggery and slaughter house, industrial shop and equipment, change of location of switch, ice house, equipment of new boiler house, new ovens in bake shop, additional farm land, storehouse, dairy herd, contagious pavilion and fire alarm system.

SUMMARY OF THE FORTY-FIRST ANNUAL REPORT OF THE BUFFALO STATE HOSPITAL

There were 394 cases admitted during the year; of these 284 were first admissions, 99 readmissions and 11 were transferred from other institutions. The number of voluntary cases received was 43, as against 33 last year.

One hundred thirteen cases were discharged as recovered, 18 as much improved, 64 as improved, 19 as unimproved, and 21 as not insane. Seven patients were transferred to other institutions.

One hundred seventy-one patients died.

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At the close of the fiscal year there remained on the books 1995 patients, 19 less than at the close of the previous year.

The percentage of recoveries to total admissions was 28.68; to new admissions, 39.78; to average population, 5.8; to number discharged, 27.36, and to number discharged including deaths, inebriates and tramps, 51.36. The percentage of deaths to the average population was 8.78, and to the whole number treated, 7.1.

The hospital continues to give much care and oversight to paroled and discharged patients. No patient is discharged from the hospital without friends, home or occupation in view. At the close of the year 56 patients were on parole.

The Wilson cottage at the lakeside was kept open the whole year and proved highly beneficial to the patients sent there. A larger area than usual was rented for garden purposes and many of the patients were steadily employed during the summer. The hospital receipts from the fruit and garden products raised on the grounds connected with the cottage amounted to \$700.

An appropriation of \$4,000 was granted by the last Legislature for a contagious disease building for the hospital. Owing to the stress of work in the State Architect's office, the plans for this building have been prepared by the hospital officials and have been submitted to the State Architect and the State Commission in Lunacy for approval. It is planned to do much of the construction work with hospital labor.

The construction of conduits for electric wires on the grounds, for which an additional appropriation of \$1,000 was made, is now well under way. The principal needs of the institution as set forth by the Board of Managers, are: A tuberculosis pavilion for men, new verandas, coal conveyor, railroad track scales, refrigerating plant, elevator, bakery and remodeling of buildings.

Fifty-nine autopsies were performed during the year. Material from each case has been examined microscopically and reported on at the staff meetings. A review of the interesting cases is given by Dr. J. B. Betts, second assistant physician.

The ophthalmological work, as in former years, has been under the careful and skilful charge of Dr. F. Park Lewis.

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The dental work has been under the care of Dr. E. F. Burns and later of Dr. Fred H. Jelley.

The library continues to prove a source of great pleasure and profit. The circulation of books this year was 4,600.

The training school graduated a class of 19 members in June last. An elaborate outline of the work of the class is included in the appendix of the report.

Much care has been taken to provide suitable occupations for the patients and a large variety of amusements have been offered.

The principal changes in the medical staff were:

March 1, 1911, Dr. John P. Harrison, junior assistant physician, resigned to study abroad.

March 7, 1911, Dr. George W. Gorrill was promoted to the position of first assistant physician.

March 16, 1911, Dr. Francis J. Lennon, junior assistant physician, was transferred from Central Islip State Hospital.

March 23, 1911, Dr. George F. Harris was appointed to the position of junior assistant physician.

August 1, 1911, Dr. Joseph B. Betts was promoted to the position of second assistant physician.

Sept. 30, 1911, Dr. John Eckel resigned his position as assistant physician to study abroad.

SUMMARY OF THE THIRTY-THIRD ANNUAL REPORT OF THE BINGHAMTON STATE HOSPITAL

There were 199 men and 140 women patients admitted during the year, a total of 339; of these 2 men and 5 women were voluntary, and 53 men and 3 women were transferred to us from other institutions for the insane. Exclusive of transfers, 40 men and 34 women had been previously admitted, of whom 20 men and 14 women were over 50 years of age. One hundred six men and 103 women were admitted for the first time; of these 45 men and 43 women were over 50 years old. The total number treated during the year was 2,700 and the greatest number under treatment at one time was 2,430. The daily average population was 2,403.4 and the total remaining under treatment at the close of the year was 2,375, an increase of 14 over last year.

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The hospital has passed through the year without an epidemic of any kind. There were four cases of diphtheria, one of typhoid fever, seventeen of measles and three of chicken-pox. Effective means were taken to prevent the spread of the disease in each instance and no deaths resulted.

During the year 286 patients were admitted to the acute hospital, Fairmont. Every effort is made in each case admitted, through careful observation and through mental and physical examination to find out the cause of the mental upset. Then follows the treatment in each case. We frequently find that the newly admitted patient is physically reduced. In such a case the physical needs of the patients must receive our first and immediate attention.

We cannot expect him to show mental improvement while suffering from serious loss of bodily strength. Among the various therapeutic agents in the treatment of mental disease, hydrotherapy in its different forms is most important. During the past year the continuous baths at the acute hospital have been in use 3,001 hours. The wet pack — hot or cold — has been used during the same period 455½ hours. Each of these methods of treatment has been found in many cases to be of great value. Electricity is also being used with good results. A plan is now under consideration for obtaining the assistance of a specialist from the city of Binghamton who has used electricity with highly successful results in his private practice.

Occupation and diversion play an important part in the treatment of every appreciative case. The patients are encouraged to undertake *and finish* tasks adapted to their abilities and strength.

During the warm weather all suitable cases are sent to Pine Camp on the bank of the Susquehanna river for a two week's stay. Other patients in parties of six accompanied by a nurse picnic at the Camp each day returning to Fairmont at night. The Camp has a decided beneficial effect on the patients.

The patients' entertainments and dances stimulate interest and afford amusement. The phonograph is in constant demand in

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the various wards. A piano has recently been placed on the female side and adds greatly to the enjoyment of the patients.

Of the 286 patients admitted at the acute hospital, 148 were men and 138 women. Broadly speaking, 24.5 per cent of the patients may be considered recoverable cases and 13.6 per cent doubtful. On the 30th of September, the last day of the hospital year, 16 per cent of the cases for the year had been discharged as recovered or improved. Of the 250 cases received at Fairmont during the preceding hospital year, 84 or 33.3 per cent had up to September 30, 1911, been discharged as recovered or improved.

The male patients have been reclassified during the past year. The working men were placed in the north building, the bed-ridden, violent, noisy and epileptic patients in Broadmoor and the quiet and more acute patients in the main building. This arrangement adds greatly to the convenience and efficiency of the working force.

The eye, ear, nose and throat work of the hospital has been done during the past year by Dr. Frederick D. Branch, of Binghamton. He has visited the hospital twice each week and treated a large number of patients. The dental work has been done by Dr. Frederick W. McCall, who has performed this service for the hospital for the past 14 years. During the year he has treated 578 patients.

Every effort is being put forth to give proper after-care to patients who are discharged as recovered or much improved. The larger number of such patients have homes to which they may go; those who have no homes, relatives or friends and no definite employment, are helped and advised in obtaining work and are allowed to lodge in the hospital until a suitable place can be found elsewhere. Pecuniary assistance, if needed, is extended to them until they are able to support themselves. When patients leave the hospital on parole they or their friends are requested to write once a week stating the progress made.

Through the co-operation of the State Commission in Lunacy and the Board of Alienists, five alien patients were returned to their homes in Europe and two nonresident patients to homes in other states.

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The tuberculosis pavilion, Edgewood, has been improved during the past year by the addition of cement walks and by the erection of stairways leading from the second story to the ground.

Mrs. Mary J. Vreeland, R. N., was appointed superintendent of the training school for nurses, September 1, 1911. There are now 44 students enrolled in the training school, 14 in the senior and 30 in the junior class. There were eight in the 1911 graduating class.

One hundred thirty-one staff meetings were held during the year.

Of the 178 deaths which occurred in the hospital during the year, 139 or 78.1 per cent came to autopsy. Some remarkable conditions were brought to light.

The chemical and pharmaceutical laboratory has made 1,306 analyses and tests besides performing the required clinical, chemical and bacteriological work. The marked increase over previous years has been due to the greater use of the laboratory by the Purchasing Committee and to the demand for formal routine analyses for purposes of record of practically everything delivered at the hospital.

Special attention has been given to the matter of securing more adequate fire protection. Additional fire escapes have been constructed, more fire extinguishers, hose and water buckets have been provided and arrangements for the purchase of a combination chemical engine and hose wagon have been made. A thoroughly organized fire department consisting of several companies, is maintained at the hospital.

The difficulty of securing good help in the hospital has this year been greater than ever before. With inexperienced attendants it is impossible to give the patients the kind of care to which they are entitled. It is urged that a special effort be made to induce the Legislature to adopt the schedule of wages recommended by the conference of superintendents with the State Commission in Lunacy, held April, 1909.

The rate of compensation and the accommodations allowed the physicians on the medical staff also are not sufficient to attract enough well qualified men to the service.

Many improvements have been made to the institution during

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the past year. The main steam lines have been renewed, a new filter plant has been constructed, new pumps have been installed and the refrigeration rooms in the cold storage plant have been reconstructed. Besides the work that has been under contract many repairs and renewals have been made by the regular force of mechanics at the hospital.

The work on the hospital farm is being done under the advice and co-operation of the Department of Agriculture and every effort is being made to increase the efficiency of this industry. The Legislature of 1911 made an appropriation for the purchase of 250 acres of additional land.

The labor record of patients shows that during the year male patients contributed 241,015 days' work and female patients, 116,021 days, making a total for both sexes of 357,036 days.

The examination of the accounts of the hospital by the New Audit Company showed that the books were correct and that little criticism could be made of the methods in use.

The following are the principal changes in the medical staff during the year:

Dr. Ross McClure Chapman was promoted from junior physician to assistant physician, October 1, 1910.

Dr. Horace W. Eggleston resigned as first assistant physician, November 5, 1910.

Dr. James V. May was promoted from assistant physician to first assistant physician, November 5, 1910.

Dr. Rodney R. Williams was promoted from junior physician to assistant physician, June 1, 1911.

Dr. Russell E. Blaisdell, assistant physician, resigned, July 13, 1911.

Dr. Harry I. Partridge was promoted to the grade of assistant physician, August 1, 1911.

Dr. James V. May resigned as first assistant physician, August 14, 1911, to accept the appointment of superintendent of the Matteawan State Hospital.

Dr. Clarence L. Russell, assistant physician, resigned, August 31, 1911.

Dr. Theodore I. Townsend was appointed first assistant physician, September 25, 1911.

SUMMARY OF THE TWENTY-FIFTH ANNUAL REPORT OF THE ST. LAWRENCE STATE HOSPITAL

There were remaining under treatment at the beginning of the year 901 men and 1,066 women; a total of 1,967. Two hundred and ten men and 176 women were admitted; of these, 162 men and 126 women were first admissions, 47 men and 48 women, readmissions, and one man and two women were transfers.

Forty-seven men and 47 women were discharged as recovered; 24 men and 11 women, as much improved; 29 men and 30 women, as improved; 15 men and 8 women, as unimproved; and 14 men and 8 women, as not insane. Seventy men and 70 women died and 6 men and 6 women were transferred to other institutions for the insane. Nine hundred and six men and 1,062 women remained under treatment at the end of the year.

The establishment in the city of Syracuse of a psychopathic hospital for the detention of cases pending commitment has resulted in a falling off of admissions from Onondaga county. Similar psychopathic wards are needed in connection with the local hospitals in Oswego and Watertown. If such wards were established the patients would undoubtedly be benefited by more early and active treatment. However, the law placing the responsibility for the care of the insane pending commitment in the hands of the health officers has to a large extent improved their condition and care.

Of the cases admitted during the year 66 or 17.23 per cent. were caused by syphilis and alcohol. It is evident therefore that a considerable part of our cases belong to the preventable psychoses.

The receiving of voluntary patients by the hospital continues to prove beneficial.

The free dispensary has been continued during the year and has been freely used by the physicians in the hospital district.

There were 19 deaths from tuberculosis, an increase of four over the preceding year. There were no cases of diphtheria and the only case of typhoid fever did not result fatally. No fatal accidents occurred and but one suicide.

Seventy-five autopsies were performed, being 53.6 per cent. of the deaths.

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The work of re-education of demented patients has been continued with good results. Eight patients of this class were discharged to their homes and five were employed in the industrial departments of the hospital. The work done by the class was exhibited at the State Fair at Syracuse. The music classes under the direction of a special music teacher have been also very successful and the course is much appreciated by the patients.

The training school for nurses graduated a class of 14 in September. The new class has nineteen members. The affiliation of the State hospital with the Hospital of the Good Shepherd at Syracuse whereby the nurses receive instruction in the maternity and children's wards of the latter institution has been continued and is proving beneficial to all concerned.

In July, Miss Ethelwyn Doolittle, formerly dietician at St. Luke's Hospital, New York City, gave a course of instruction to the pupil nurses in dietetics.

The board of managers recommends the construction of a new building to be used especially for the treatment of mild forms of insanity and voluntary patients.

A large number of minor improvements were made during the year. Among these were the building of a retaining wall in the ravine near the dairy barn, the replacing of the two old heaters in Invernith by a new furnace, the installation of two Mott baths in the east division of the central group, the overhauling of the cold storage plant, the purchase of five 40-gallon chemical engines and the erection of four standpipes for better fire protection, and the installation of a new interior telephone system.

The following needs of the hospital are set forth: Extension of the farm, the construction of the two wings of the employees' cottage, the enlarging of the boiler house, an addition to the piggery, a new building for the carpenter and blacksmith shop, extension of the coal trestle at the power house, an automobile truck, an automobile ambulance, coal and ash handling machinery, new root cellar, and cottage for the first assistant physician.

The principal changes in the medical staff during the year occurred as follows:

November 30, 1910, Dr. Robert King was appointed pathologist.

December 1, 1910, Dr. Christopher Fletcher was appointed

Summaries of Reports of State Hospitals — Rochester

assistant physician; on August 26, 1911, he was transferred to Willard State Hospital.

January 2, 1911, Dr. A. M. Brown, junior assistant physician, resigned to enter private practice.

March 31, 1911, Dr. W. G. Ryon, assistant physician, resigned to accept the position of first assistant physician in the Willard State Hospital.

April 3, 1911, Dr. John L. Van DeMark, assistant physician, resigned to enter private practice.

May 28, 1911, Dr. Elbert M. Somers, first assistant physician, resigned to accept the position of medical inspector for the State Commission in Lunacy.

June 1, 1911, Dr. Chester Waterman was appointed assistant physician.

June 27, 1911, Dr. Arthur G. Lane was appointed assistant physician.

July 1, 1911, Dr. Paul G. Taddiken was appointed first assistant physician.

September 30, 1911, Dr. Roy L. Leak, second assistant physician, was transferred to the Matteawan State Hospital.

SUMMARY OF THE TWENTY-FIRST ANNUAL REPORT OF THE ROCHESTER STATE HOSPITAL

On October 1, 1911, there were 1,459 patients in the hospital an increase of 29 during the year. The average daily population of patients was 1,458, while the rated capacity of the institution was only 1,305. The admissions numbered 359. Ninety-two patients were discharged as recovered and 66 as improved. Many of the latter with a little supervision would become useful members of the community in which they live.

The psychosis of 21 per cent of the admissions was dementia praecox or allied disorders. The most that can be accomplished with this class of patients is re-education and training in more correct personal habits and industry. Special emphasis is put on the study of the development of this psychosis with the hope that something may be accomplished along the line of prophylaxis.

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One hundred and fifty-two patients died during the year. Death was caused by dementia paralytica in 21 cases, by tuberculosis in 19, by cerebral hemorrhage in 17, by heart disease in 16 and by pneumonia in 15.

Sixty-five autopsies were performed, representing 43 per cent of the deaths. An autopsy table and other appliances have been added to the mortuary during the year.

Dr. Robert L. Carson, the ophthalmologist, visited the hospital regularly for the examination and treatment of patients' eyes. Accurate records of all his findings are put in case notes for use in diagnosis and treatment.

A new dental outfit has been installed and much more work than formerly has been done in the way of cleaning and filling teeth. This work is performed by Dr. Thomas E. Nesbit, who visits the hospital twice a month or oftener if occasion requires.

The arrangement instituted last year whereby many of the patients are given outings on the Lake Farm has been continued. Forty-three excursions were made and in all 138 different patients remained at the farm two or three days, and some three weeks or more. The facilities for enjoyment this year were increased by the purchase of two boats and rowing became a daily recreation. The vineyard and orchards, set out a few years since, furnished an abundance of grapes and other fruits. Unfortunately it is not possible to leave many patients on the Lake Farm on account of the lack of kitchen, dining-room and dormitories.

Sixteen nurses graduated from the hospital training school and 11 pupil nurses passed the examination for juniors. Seven graduate nurses passed the State examination for "registered nurse" held in February, 1911.

Attention is called to the need of a post graduate course of instruction for nurses who show special aptitude for the care of mental cases.

The school for dementia praecox patients, started in 1909, has been continued with good results. The class receiving instruction numbered 52 and the average daily attendance was 40.

For recreation and amusement the patients have enjoyed daily walks and frequent games of baseball. Those who went to the Lake Farm indulged in rowing, swimming and wandering about

Summaries of Reports of State Hospitals — Gowanda

the shores of the lake. During the winter entertainments consisting of music, recitations and character work were given; but the patients received the greatest pleasure from the regular weekly entertainments given by a moving picture expert.

On account of the lack of appropriations no special improvements have been made nor additional buildings erected at the hospital, during the year. Necessary repairs have been made from the maintenance fund. A new roof on the horse barn was necessitated by the fire that occurred in the spring. The following new buildings and improvements are now needed in the hospital: Nurses' home, shops for industries, infirmary for men patients, building for violent men patients, verandas about the Livingston Building and patients' apartments at the Lake Farm.

On March 6, 1911, Dr. Edward L. Hanes retired from the hospital service to enter private practice in Rochester; on June 1, Mr. Willis S. Remington, who had been steward for twenty years, resigned; on September 11, 1911, Dr. Charles G. LaMoure left the hospital service to become Superintendent of the Gardner State Colony for the Insane, at Gardner, Mass.

SUMMARY OF THE EIGHTEENTH ANNUAL REPORT OF THE GOWANDA STATE HOMEOPATHIC HOSPITAL

There were 228 direct admissions during the year; of these 171 were first admissions and 57 readmissions. Although the number of admissions was the largest in the history of the hospital, the number of recoverable cases was smaller than usual. Only 70 out of the 228 cases of this year were recoverable, while there were 82 out of 195 last year and 80 out of 200 the previous year.

Of the 70 recoverable cases 44 or 62 per cent recovered while on the same basis the recovery rate last year was 46 per cent and the previous year 41 per cent.

The death rate of the hospital based on the whole number treated was 5.56 per cent. The large number of deaths from general paresis was due to the unusual number of paretic cases received this year from the city of Buffalo.

During the past season the stumps and underbrush about the pavilion in the woods have been cleared away and a recreation park for the use of patients has been made.

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Classes in calisthenics and industrial work have been formed and it is hoped to extend this line of instruction by employing an expert teacher.

Numerous mixed picnics have been held at Bagdad and have been greatly appreciated by the patients.

Every Thursday evening during the summer band concerts have been held on the lawn in front of the administration building.

Many other entertainments in the form of card parties, dances, vaudeville, moving pictures, etc., have been given.

Between 40 and 50 per cent of the 1,100 patients have been employed in useful occupations during the year. Much care is taken to give each patient the kind of work he is most interested in and best fitted to perform. Before the patient is set to work he is examined by a physician who must pronounce him physically able to perform the kind of work he is expected to do.

The training school for nurses graduated a class of 11 in June last. The junior class opened on October 2 with 25 members. The school for attendants has been conducted as in former years.

Fifty-two autopsies were performed during the year. This number is 71.2 per cent of all deaths occurring in the hospital and includes 54 per cent of those requiring the consent of relatives.

The ophthalmologist, Dr. Frederick D. Lewis, examined 160 cases, made 150 prescriptions and removed two nasal polyps.

A large amount of dental work for the patients was performed by Dr. Robert Muir.

Although the \$41,000 asked for improvements of the last Legislature was not granted, the hospital was allowed about \$11,000 out of the special fund. This amount was used for an automobile bus, a new mangle for the laundry, an addition to the kitchen, a tuberculosis hospital for about 18 men, an addition to the root cellars and a wagon shed for the farm. The pavilion in the woods, for which \$4,000 had been allowed the previous year, was built and became operative.

The following needs of the hospital are set forth: Reception hospital, land, addition to laundry, laundry machinery, addition to power house, hot-water heaters, corridor covering, automobile garage, addition to porch space at staff house, mortuary building, and coal and ash conveyor.

Summaries of Reports of State Hospitals — Mohansie

The following changes occurred in the medical staff:

March 4, 1911. Dr. Judson F. Browne, junior physician, resigned to go into practice in Rochester.

March 16, 1911. Dr. Frederick P. Schenkelberger was promoted to junior physician.

May 9, 1911. Dr. Percy R. Vessie was appointed junior physician.

SUMMARY OF THE SECOND ANNUAL REPORT OF THE MOHANSIC STATE HOSPITAL

During the year, 47 patients, 45 men and two women, were admitted by transfer from other institutions. The majority of these were of the quite, chronic class and were for the most part able-bodied. Ten men and one woman were discharged and five men and one woman were transferred to other institutions.

About 95 per cent of the patients have been employed on the farm and gardens and in the wards, kitchen and dining-rooms.

There has been but little sickness among the patients and none among the employees.

The various houses on the hospital site have been renovated and fitted up for the purpose assigned them. A temporary laundry has been erected which when the permanent laundry is built will be converted into a farm shed and storehouse. An icehouse of 700 tons capacity is being built near the Strang House. Excavation for a vegetable cellar is about completed and the masonry and carpenter work will be begun at an early date. A 10-ton road roller, stone crusher and a 20 horsepower engine and boiler have been purchased and work on the roads will soon be begun.

Material for a telephone system connecting the administration department with the farm houses has been purchased and construction will be commenced at once. Most of the poles have been cut from the forest on our grounds.

The farm has not been very productive. The land needs liming and manuring. The severe drouth also injured our crops.

The most urgent need of the institution is a railroad connecting the grounds with the New York Central railroad. A branch line has been partly built by the managers of the Training School for Boys which lies to the south of Lake Mohansic. A spur

Summaries of Reports of State Hospitals — Kings Park

from this line should be constructed to the hospital site before any extensive building operations are commenced.

The question of route was submitted to George A. Ricker, consulting engineer of the firm of Ricker & Minriss of Buffalo, N. Y. After a careful study of the situation Mr. Ricker reported in favor of the route across the swamp and pond designated as route "A." This route is the shortest one proposed and taking everything into consideration is the most economical. The cost of construction of the railroad over this route is estimated by Mr. Ricker as \$45,661.

The Superintendent recommends the purchase of additional land so that the capacity of the institution may be developed to 3,000 when necessary. Three farms together containing 173 acres and valued at \$51,800 are being considered.

Other improvements now needed are horse barns, dairy barns, piggery and additional equipment. The following new buildings are suggested: Power house, laundry, storehouse, bakery, and administration building. The construction of a new water supply system and a new sewage disposal plant is also recommended.

The Superintendent submits an elaborate plan for the development of the hospital into an ideal institution for the care of the insane.

Dr. Charles W. Pilgrim, Superintendent of the Hudson River State Hospital was appointed Consultant and Advisory Committee for the development of the hospital, by the State Commission in Lunacy in May, 1911. He has visited the institution several times and conferred with the State Commission, the various members of the board of managers and the Superintendent.

The appointment of a farm manager and an assistant physician is urged by the Superintendent.

SUMMARY OF THE SIXTEENTH ANNUAL REPORT OF THE KINGS PARK STATE HOSPITAL

There were 953 direct admissions from Kings County Hospital, Nassau County Hospital and the residences of the patients. There were three voluntary patients and 99 admissions by transfer from institutions for the insane. The total number of admissions for the year was 1,056. In the same period there were 187 patients transferred to other institutions for the insane.

Summaries of Reports of State Hospitals — Kings Park

Forty patients were deported as aliens, 6 were returned to their homes abroad by their friends, 30 were sent to foreign countries by the State Commission in Lunacy through the State Board of Alienists, 15 were removed to other States by their relatives and 15 by the Board of Alienists. Excluding transfers there were 410 discharges; of these 197 were discharged as recovered; 47 as much improved; 86 as improved; 78 as unimproved, and two, as not insane.

The Superintendent calls attention to the fact that the deportation and transfer of so many patients of the recoverable class made considerable difference in the apparent recovery rate.

There were 23 cases of erysipelas and 14 cases of typhoid fever. The latter could not be traced to any local infection from ice, water or milk.

Two patients committed suicide, one by cutting his throat with sharp glass and the other by drowning.

Three hundred fourteen patients died during the year.

The training school graduated a class of 13, 12 women and 1 man.

The overcrowding in the hospital continues. During the last year or two there has been a deplorable increase in the number of tubercular patients — a condition which makes the overcrowding most serious. The State Commission has taken steps to remedy the matter by allowing the hospital to fit up for temporary use the old laundry building. We now have 150 quiet working patients comfortably housed in this building. It is planned to erect suitable buildings for a maximum of 250 tubercular patients, so that the incipient cases may be separated from the rest of the population. The new buildings for chronic cases which should have been turned over to us last December will probably be ready about the first of the calendar year. The Superintendent urges the adoption of some means to avoid the troublesome delays in the erecting of buildings.

The usual amusements have been provided during the year. A special feature was the Japanese Evening, an entertainment given by the patients under the direction of Miss Golhofer, the physical instructor.

The employment of patients has been somewhat extended and

Summaries of Reports of State Hospitals — Kings Park

an effort is made to give instruction in various lines so that the occupation may be made as interesting and helpful as possible. Classes are formed in basket making, raffia work, embroidery work, artificial flower making, stenciling, pierced brass work and other industries. Individual instruction is also given.

Much emphasis is placed on physical instruction. Four regular classes are held and exercises are conducted in the open air whenever the weather will permit.

The employees' club continues to prosper. It donated \$200 this year to the baseball fund and thus made it possible for us to have the usual games.

The crops on the hospital farm suffered severely from drought in early summer. The root crops for the winter, however, gives promise of a good yield. The farm and other outside work has been hindered by a lack of suitable patients to perform this kind of labor and the difficulty in securing employees that are accustomed to farm work.

Considerable excavating and grading has been done and some new land has been cleared up during the year.

A slight fire, apparently from spontaneous combustion, occurred in cottage 25, November 16, 1910.

The Superintendent explains the difficulty he experiences in securing and retaining good employees and urges an increase in the salary schedule.

The purchase of additional land to provide for the future needs of the hospital is also urged.

The principal immediate needs of the hospital as enumerated by the Superintendent, are: An administration building, a fire-proof building for industries, a flour storage building, a laboratory and mortuary, a firehouse, elevators for the four new buildings, new building for repair shops, an addition to the refrigerating plant building, ice making machinery, new amusement hall, two additional buildings for acute and hospital cases, buildings for 600 chronic cases, three two-family houses for married physicians and additional fire protection.

The following changes occurred in the medical staff above the grade of medical interne:

Resignations:

Summaries of Reports of State Hospitals—Long Island

January 31, 1911. Dr. D. R. Ross, to become superintendent of the Connecticut Colony for Epileptics.

May 31, 1911. Dr. Harry I. Partridge, to become assistant physician in the Binghamton State Hospital.

August 4, 1911. Dr. Percy L. Dodge, to become assistant physician in the Hudson River State Hospital.

August 31, 1911. Dr. William H. Montgomery, to take position of second assistant physician at the Willard State Hospital.

September 15, 1911. Miss Florence I. Orr, to take the position of field worker in heredity at the Trenton State Hospital.

Appointments:

April 1, 1911. Dr. Walter H. Sanford, second assistant physician; Dr. Bernard Feldstein, junior physician.

September 1, 1911. Dr. Chester L. Carlisle, second assistant physician; Dr. Philip C. Washburn, assistant physician.

February 15, 1911. Miss Florence I. Orr, assistant in study of heredity.

Promotions:

October 1, 1910. Dr. Nell W. Bartram, to assistant physician. Dr. John R. Ross, to assistant physician.

April 18, 1911. Dr. Charles S. Parker, to junior physician.

August 5, 1911. Dr. John R. Ross, to second assistant physician.

September 9, 1911. Dr. Delmer D. Durgin, to junior physician. Dr. Joseph H. Shuttleton, to junior physician. Dr. R. G. Eaton, to junior physician.

SUMMARY OF THE SIXTEENTH ANNUAL REPORT OF THE LONG ISLAND STATE HOSPITAL

There were during the year 366 admissions to the hospital. As three men and four women were admitted twice, 359 persons were represented. The first admissions included 105 men and 183 women; of these, eight men and six women were voluntary patients.

There were dismissed from the hospital during the year 228 cases, representing 223 persons, of which 68 were men and 155 women. Thirty-seven men and 58 women were discharged as recovered and 10 men and 74 women were transferred to other institutions.

One hundred thirty-three patients died, a rate of 121.8 per

Summaries of Reports of State Hospitals — Long Island

1,000 of all persons treated. About 60 per cent of the total number of deaths occurred among patients admitted during the year. Of the latter 66 per cent occurred within one month of the date of admission.

At the close of the year September 30, 1911, there remained as patients on the books of the institution 317 men and 441 women, a total of 758 and a net increase for the year of five. The daily average population was 759, while the rated capacity of the institution is but 634.

There have been but few cases of contagious disease among the patients. One case of diphtheria developed and the patient was transferred temporarily to the Kingston Avenue Hospital. She recovered and was returned to this institution. There were 12 cases of erysipelas, 17 of pneumonia, 22 of tuberculosis and 1 of typhoid fever.

Dr. James Cole Hancock made monthly visits to the hospital and at each visit examined the eyes of all patients admitted subsequently to the preceding visit. He also treated other patients whose eyes seemed to require attention. A large part of his work was the fitting of glasses.

The dental work for the patients was performed by Dr. Quackenbush, assisted by Dr. J. M. Fleisher. The teeth of new patients were examined soon after admission and proper treatment instituted. The teeth of other patients were regularly examined and treated when necessary. The benefit to the patients of this work can scarcely be estimated.

There were thirty-four autopsies held during the year. A few of the cases that came to autopsy were of unusual interest.

A new feature of our medical work was instituted in July. Arrangements were made whereby persons suffering from mental disturbance might come to the hospital on Wednesdays and Saturdays between 10 and 12 A. M. and receive advice and treatment by a member of our hospital staff. Thus far, eighteen persons have come. Some of these have since been admitted to the hospital.

The training school has been conducted upon essentially the same lines as in former years. Thirty-eight pupils were enrolled during the past year and a class of six was graduated.

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The frequency of changes among nurses and attendants has continued. Of the 82 men who left the employ of the hospital the average length of time in the service was 4 months and 21 days; of the 104 women, 6 months and 5 days. It is believed these frequent changes are largely due to the smallness of the wages, the long hours and the exacting nature of the work. It is especially unfortunate that the rate of wages of nurses in the hospitals is not sufficient to retain the graduates of the hospital training school.

A systematic effort has been made to provide interesting and stimulating work for the patients. About 50 per cent of the patients are employed in the general work of the hospital. For those not suited to such employment various occupations are provided and an opportunity to shift from one kind of work to another is afforded. The results have been very gratifying.

Many alterations and improvements have been made during the past year. A greatly improved system of fire protection has been installed, several of the water sections have been rebuilt, new stairways have been constructed and a contract has been let for the erection of a garbage incinerator.

The following changes in the personnel of the medical staff occurred during the year:

Dr. William L. Russell, Superintendent, resigned April 30, 1911, to accept the superintendency of the Bloomingdale hospital.

Dr. Robert E. Doran, state medical inspector, was appointed Superintendent May 1, 1911, to succeed Dr. Russell.

Dr. Paul G. Taddiken, second assistant physician, resigned June 30, 1911, to accept the position of first assistant physician at the St. Lawrence State Hospital.

Dr. Irving Holley, assistant physician at the Willard State Hospital, was appointed August 1, 1911, second assistant physician to succeed Dr. Taddiken.

Dr. Robert E. Doran, Superintendent, died September 23, 1911.

SUMMARY OF THE SEVENTH ANNUAL REPORT OF THE MANHATTAN STATE HOSPITAL

During the last fiscal year 1,557 cases were admitted. Of this number, 1,441 were upon original commitments, 57 were trans-

Summaries of Reports of State Hospitals — Manhattan

ferred from other institutions for the insane and 59 were voluntary admissions. Of the total number 1,362 cases were admitted through the psychopathic ward at Bellevue Hospital, 27 were brought directly to the hospital from the boroughs of Manhattan and the Bronx, 54 were brought from Staten Island, two from the Soldiers and Sailors' Home and five from other institutions.

Three hundred forty patients were discharged as recovered, 78 as much improved, 165 as improved, 184 as unimproved and 27 as not insane. Sixty-three men and 19 women were found to be nonresidents and were sent to their homes at the expense of the State. Twenty-two men and 11 women were returned to their homes at the expense of relatives. Thirty-eight men and 52 women, insane aliens, were deported by the United States Immigration Department. Four insane aliens were discharged to friends.

There were 528 deaths during the year, a rate of 8.59 per cent, based on the whole number treated.

The percentage of recoveries has been materially reduced by the removal of aliens and nonresidents soon after admission.

The parole system continues to work well. Of 550 patients paroled only 96 were returned to the hospital during the parole period.

But few cases of infectious diseases appeared during the year. Among the 6,142 patients treated there were only 16 cases of diphtheria, 41 of erysipelas, 15 of scabies and one of scarlet fever. The institution was entirely free from typhoid fever.

Dr. Ward A. Holden has continued his work as ophthalmologist of the hospital. He comes twice a month and treats all patients in need of his services.

The dentist, Dr. Walter Hermann, treated 171 cases during the year.

The tuberculosis cases are treated in two camps where they have an abundance of fresh air and sunlight. A dining-room and an additional camp dormitory are much needed for this class of patients.

The training school for nurses graduated a class of 15 in June. At the present time there are 22 men and 82 women graduates in the hospital service.

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No relief has been obtained from the overcrowded conditions. A new nurses' home and a new building for two hundred patients are greatly needed.

Between 70 and 75 per cent of the patients was employed in some useful occupation during the year. In addition to the usual work, classes are maintained in brass work, embroidery, raffia, artificial flower making, etc.

The folk dances have been continued and an additional physical instructor has been employed. Small classes are arranged and special attention is given to individual development.

Field sports were held on Memorial Day and Labor Day and the hospital steamer "Wanderer" made four excursions weekly, taking each time about two hundred patients. On Independence Day an out-of-door concert was given by the hospital orchestra. The annual Halloween party was held as usual, patients only taking part. The event closed with a dance for patients and their friends.

Through the continued interest and kindness of Mr. Dominick Buckley vaudeville entertainments and moving picture shows have been given every two weeks.

On St. Valentine's Day a splendid entertainment was given on Ward 45. The ward was handsomely decorated, refreshments were served, and after the entertainment a dance was given. Each Friday afternoon the patients hold a party in Ward 22, at which songs and recitations are given and light refreshments are served. The usual weekly dance was held on Saturday afternoons after visiting hours. An art class has been formed and is developing considerable interest among the patients.

It is hoped that some increase in the compensation of ward employees may be brought about this year. During the past year there have been 580 appointments, 438 resignations and 58 dismissals of such employees.

The new group of cottages and kitchen building erected under appropriations of 1909 and 1910 are nearly completed and will soon be occupied. Many other improvements and repairs have been made during the year.

The expenditures for maintenance during the year were \$891,281.12. From this amount \$39,554 should be deducted as be-

Summaries of Reports of State Hospitals — Central Islip

longing to the previous year and \$23,769.36 as extraordinary expenses that would not be duplicated in other years. This brings the actual per capita cost of the institution down to \$179.21. The per capita cost for the preceding year was \$182.45.

Principal changes in the medical staff:

Appointments:

October 1, 1910. Dr. Charles I. Lambert, pathologist.

September 10, 1911. Dr. Arthur E. Soper, junior physician.

September 18, 1911. Dr. George D. Pace, junior physician.

Resignations:

January 2, 1911. Dr. Thomas D. MacDonald, assistant physician.

March 1, 1911. Dr. Frederic J. Farnell, assistant physician.

July 18, 1911. Dr. Harold W. Wright, assistant physician.

Promotions:

January 3, 1911. Dr. Ernest M. Poate, to assistant physician.

January 19, 1911. Dr. Elizabeth S. Hellweg, to junior physician.

March 1, 1911. Dr. Frank R. Haviland, to second assistant physician.

March 1, 1911. Dr. Michael Schumann, to junior physician.

June 14, 1911. Dr. Edmund J. Barnes, to junior physician.

June 14, 1911. Dr. Elizabeth Hellweg, to assistant physician.

August 1, 1911. Dr. Morris J. Karpas, to second assistant physician.

August 1, 1911. Dr. Philip Smith, to second assistant physician.

September 1, 1911. Dr. Michael Schuman, to assistant physician.

September 5, 1911. Dr. James P. Kelleher, to junior physician.

Transfers:

July 15, 1911. Dr. Glenn E. Myers, to Psychiatric Institute.

August 31, 1911. Dr. Philip C. Washburn, to Kings Park.

SUMMARY OF THE ANNUAL REPORT OF THE CENTRAL ISLIP STATE HOSPITAL

There were 1,476 patients admitted to the hospital during the year; of these 1,143 were first admissions, 292 readmissions and

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41 transfers from other institutions for the insane. Three hundred and three patients were discharged as recovered, 173 as much improved, 222 as improved, 138 as unimproved and 2 as not insane. Four hundred and fifty-four patients died and 45 were transferred to other institutions for the insane.

The number of patients remaining on the books, September 30, 1911, showed an increase of 139 over the previous year.

Through the aid of the State Board of Alienists 432 patients were deported or returned to their homes in other States during the year.

Taking into consideration the many cases of general paresis, senility, dementia praecox and other forms of mental disorders that have an unfavorable prognosis and the large number of patients deported after a short period of residence in the hospital, the recovery rate is fairly satisfactory. The Superintendent states that recovery in some cases is probably retarded by overcrowding and lack of suitable buildings. An adequate building for the reception and treatment of acute cases is much needed.

During the past year a new group of buildings, called the "Smith Group," has been completed. The group consists of six two-story buildings, the second floor being used for sleeping quarters, the first for recreation and bathing and a central kitchen with two serving rooms and six dining-rooms. This arrangement permits a perfect classification of patients at their meals as well as in their separate pavilions.

During 1911, there was completed an attendants' home called the "Viele Home," a three-story brick building with accommodations for 216 employees; and a physicians' home called "The Hoffman," a two-story brick building with mansard roof, with accommodations for 14 physicians.

The general health of the hospital population has been excellent. One sporadic case of typhoid fever developed and one nurse contracted measles outside the hospital; the latter was promptly isolated in the quarantine camp and no other cases developed. There has been a decrease in the number of deaths from tuberculosis. The hospital is now well equipped to care for incipient cases of this disease and the superintendent hopes for a still further decrease in the death rate therefrom.

Summaries of Reports of State Hospitals — Central Islip

A new hospital car for the purpose of transferring patients from Long Island City was purchased, equipped and placed in service in July last.

One hundred and fifty-three autopsies were performed. The cases which came to autopsy were principally of general paralysis, dementia praecox and senile psychosis.

This year the parole system showed better results than ever before. Eighty-eight per cent of the patients paroled were not returned to the hospital. Some of the patients on parole call at the New York City office, others write, or have their relatives write to the hospital concerning their condition. The After-Care Committee of the State Charities Aid Association has been of great aid in assisting patients on parole to become self-supporting. The Board of Managers recommended that a special after-care agent should be appointed for each hospital.

Much care is taken to provide suitable occupation for the various classes of patients. The Superintendent states that occupation, when directed in a systematic manner, is the most valuable remedy he has.

A large variety of amusements are offered the patients. During the past year observation of convalescent patients have shown very clearly that the amusements arranged for them are beneficial in their effects.

The training school for nurses graduated a class of 14 in June last.

In addition to the completion of the buildings above mentioned many additional improvements to the hospital were made during the year. Among these were the installation of five 150 horsepower boilers in the North Colony boiler-house; the erection of nine additional fire escapes at the South Colony, and two at the North Colony attendants' home; and the construction of a large steam conduit between the new group and the North Colony boiler-house.

The following needs of the hospital are emphasized: New group for reception and acute cases, enlargement of the amusement hall, cottage for steward, new fire engine house, coal trestle at North Colony power plant, new fire alarm system, conduit and steam pipe lines and other minor items.

Summaries of Reports of State Hospitals — Central Islip

The following are the principal changes in medical staff:

Appointments:

March 1, 1911. Dr. William W. Barnhardt, junior physician.

May 15, 1911. Dr. Louis S. Landon, junior physician.

July 1, 1911. Dr. J. Berton Allen, junior physician.

August 29, 1911. Dr. William A. Coulon, junior physician.

Promotions:

October 1, 1910. Dr. G. W. Mills, to second assistant physician.

January 1, 1911. Dr. J. W. Moore, to second assistant physician.

January 15, 1911. Dr. C. L. Vaux, to second assistant physician.

February 1, 1911. Dr. R. G. Reed, to assistant physician.

March 1, 1911. Dr. Arthur G. Lane, to assistant physician.

March 1, 1911. Dr. Edward H. Ende, to assistant physician.

August 1, 1911. Dr. David Corcoran, to second assistant physician.

August 1, 1911. Dr. G. C. H. Burns, to second assistant physician.

Transfers:

March 15, 1911. Dr. Francis J. Lennon, junior physician to Buffalo State Hospital.

June 1, 1911. Dr. Chester A. Waterman, assistant physician to St. Lawrence State Hospital.

July 1, 1911. Dr. Arthur G. Lane, assistant physician to St. Lawrence State Hospital.

NINETEENTH ANNUAL REPORT OF THE STATE
CHARITIES AID ASSOCIATION TO THE STATE
COMMISSION IN LUNACY

NEW YORK, *November 1, 1911.*

To the State Commission in Lunacy:

In accordance with chapter 635 of the Laws of 1893, and amendatory acts, the State Charities Aid Association herewith respectfully submits to your Honorable Commission its nineteenth annual report. The report contains, as usual, much matter which is not new to those to whom it is addressed, but which it seems to us desirable to include for the benefit of the large number of persons to whom it is sent who are not equally familiar with these subjects.

The total number of insane persons in State hospitals and licensed private asylums on October 1, 1911, was 33,311, an increase of 653 over the previous year. Of this total number 31,051 patients were in the fourteen State hospitals (not including Matteawan and Dannemora), being 606 more than on October 1, 1910.

The Association's legally appointed visitors to State hospitals now number forty. They have continued to do admirable work during the past year and have presented interesting annual reports. We do not necessarily indorse every recommendation made by our visitors, but we believe that the Commission and the public should know how these institutions impress representative men and women in their localities.

LEGISLATION

In line with the findings and recommendations in the report of Mr. Henry C. Wright on "The Methods of Fiscal Control of State Institutions," the Committee co-operated in the introduction of a bill designed to remedy in part the most prominent defects noted by Mr. Wright. The bill became law. The law empowers the Commission to employ additional engineers, inspectors, and such other experts, regularly or from time to time, as may be necessary to enable it to advise the Purchasing Committee and the

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State hospitals as to the purchasing, handling and consumption of supplies and as to the operation of the farms. It also struck out of the estimate law the provision that estimates should be made out in minute detail, and substituted for this provision the words, "in such detail as may be required by the Commission." By it, also, the Purchasing Committee was reconstituted. Whereas, formerly it was composed of stewards and the auditor of the Lunacy Commission, the law provides that it shall be composed of three superintendents and two stewards, and defines somewhat more fully the functions and duties of the committee. Under this law the Commission has appointed an inspector of buildings and also an inspector of supplies. These men are visiting the institutions constantly — one checking up on the building operations and the other testing supplies received and the methods used in receiving them. In addition to these two regularly employed inspectors, the Commission is calling in from time to time experts to test beef and butter. The power to decide the detail in which estimates shall be made out enables the Commission to allow the institutions to purchase a large number of small articles as needed, and previous to estimating, which privilege greatly facilitates the daily operations. The purchasing committee has employed a regular secretary, who devotes his whole time to study of markets, testing the quality of supplies, and securing such information as will enable the committee to make wise contracts.

REPORTS OF VISITORS TO STATE HOSPITALS**WILLARD STATE HOSPITAL**

The Board of Visitors to Willard State Hospital have found the conditions existing at Willard during the year past satisfactory, owing, in large measure, to the consideration of the Commission having authority to grant necessary funds for urgent needs, to the interest and zeal of the Superintendent and his staff, and to the favorable local conditions of climate and crops.

The epidemic of typhoid fever, which was subsiding at the close of last year, proved not absolutely under control, and during the year just closing nineteen new cases have developed, making a total of forty-five, and nine deaths. In view of this epidemic the

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State Legislature voted an appropriation of \$45,000 for a filtration plant and for improvements in the sewage disposal system. This is a most urgent requirement. The matter is at present in the hands of the State Architect, who is required by law to prepare the necessary plans and specifications. A further sum will be necessary to complete the whole of this work, as outlined last year and recommended by the chief engineer for the State Health Department.

In connection with increasing attention to hygienic conditions, much credit must be given to the efforts of the hospital to train its nurses, and to secure for them requisite experience in medical courses unavailable at Willard, e. g., obstetrics and diseases of children. During the past year the senior class of the training school numbered fourteen, and the junior class twenty-three pupils. The women members of the senior class attended a two months' course at the hospital of the Good Shepherd at Syracuse, N. Y., which reports, however, that it can no longer accommodate our pupils. Unsuccessful efforts have been made to enter the women of the senior class for the coming year in the Rochester hospitals. It will, therefore, be necessary to arrange with some hospital in New York. The course of instruction for attendants, consisting of lectures twice weekly by the physicians, and demonstrations in practical work on the wards, has been continued.

The total number of patients received from the hospital district on original commitments was 236 — 117 men and 119 women; 107 patients were transferred from other hospitals, chiefly from the metropolitan district. At the close of the year the census was 1,148 men, 1,239 women, total 2,387. The recovery rate, based on the number admitted from the hospital district was 25.8 per cent.

The principal structural improvements of the year have included the construction of a standpipe and water tank with a capacity of 30,000 gallons at Grandview, and the placing of standpipes and fire hose in the wards of this building for fire protection; the renewal of the hospital telephone system, at a cost of \$4,000; the renewal of the electric light wiring in most of the buildings; the laying of new oak floors in several wards at the

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Pines; the construction of a concrete wall at the dock leading to the boat house, and the erection of a shed at the Lake Farm to house fifteen head of young cattle.

The sum of \$7,000 has recently been allotted by the Lunacy Commission for the construction of a new barn to replace the one destroyed by fire two years ago. This is urgently needed, as the present facilities for housing cattle and farm crops are very inadequate. The visitors commend the satisfactory and cleanly conditions always found at the dairy barns and milk station, in spite of deplorable over-crowding. The same may be said of the horse barns.

In the cultivated land no space has been wasted, and crops have been very good. In one place, some otherwise waste land by a roadway has been planted to six rows of potatoes, one mile long. About three thousand seedling trees were planted on the hospital property during the year.

Your visitors are in hearty accord with the hospital authorities in their belief that, in the interests of economy, changes should be made in the heating system. Two of the boiler houses now in use could then be dispensed with.

An extension to the laundry, to provide a sorting room; the enlargement of the sink rooms at the Maples, Pines and Edgemere; and the construction of verandas for the hospital wards at Chapin House and Edgemere are all very necessary, while the floors on the dining-rooms at the four groups — which have been in use for forty years, are badly worn and cannot be kept in a proper sanitary condition. It would be well if they could be replaced by some flooring other than wood, which could be kept clean by flushing, without deterioration. These, and other minor improvements will doubtless be made as soon as necessary funds are available.

A. B. HOUGHTON

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

The Visiting Committee of the State Charities Aid Association held their annual meeting at the hospital on Friday, October 27, 1911.

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There were present Mrs. Paul Tuckerman of Tuxedo and Messrs. McMonagle and Wilcox of Middletown. Dr. Maurice Ashley, the medical superintendent, accompanied them in their inspection.

The census was:

Males	745
Females	1,276
Total	2,021

During the past year fifteen persons have been self committed.

In the West Group building, used for chronic cases, in which about 500 patients are confined, there are certain changes proposed, which we consider very necessary and desirable. The building was planned with two large dining-rooms in the basement in which all the patients take their meals. The Committee criticized this arrangement when the building was first completed, and time has emphasized the disadvantages. The effect on the patients of this herding together for their meals is not good, and the mixing of the excited and the quiet patients in the same room is undesirable and it is hardly possible to prevent the food, laid out on the tables beforehand, from becoming cold.

Furthermore, there is a real danger in transferring such a large number of patients from the upper floors to the basement three times a day. With the best watching, accidents are likely to occur.

The proposed plan is to have a dining-room on each floor and to have the present kitchens converted into night rooms and the present dining-rooms into day rooms, thus accommodating more patients. An appropriation of \$60,000 for this change was made last year, but is not yet available.

The dinner served at the time of this visit, consisted of cod-fish, baked potatoes, boiled onions, pudding, bread and butter and milk.

In Ashley Hall, the building for acute cases, the rooms intended for hydropathic treatment were still, we regret to say, without the necessary apparatus. An appropriation of \$7,500

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was made last year, but is not yet available. The hydropathic treatment, such as prolonged baths, is so important in the treatment of these cases, that it is to be hoped that the installation of the necessary apparatus will not be long delayed.

In so large an institution it would seem to be desirable to have a regular dentist so that more attention to the teeth of patients might be given.

About forty-two per cent of the patients are employed in some way in the hospital.

There are still ten open wards where patients can go in or out as they wish.

The greenhouse was well supplied with plants and is at present providing fine chrysanthemums in pots to brighten the wards.

Throughout those parts of the hospital visited we found perfect cleanliness and ventilation, the patients also being clean and tidy; and in other respects there was evidence that the high standard of personal care in management, which we have noted on former occasions, was being maintained.

HENRY KINGSLEY WILCOX.

D. C. McMONAGLE,

SUSAN TUCKERMAN.

BUFFALO STATE HOSPITAL

As the appropriation for the Buffalo State Hospital was cut down last year to about seven thousand dollars very little was accomplished in the way of changes and improvements. It follows naturally, therefore, that the budget of special requests for the coming year contains many of the same items, the need of which is still further emphasized. The coal conveyor outfit has been on the list of requests for a number of years. This will provide for additional coal storage rooms, the mechanical conveyance of the coal from the cars, etc., and avoid the handling of the coal by the men during stormy, cold weather. The cost, including the railroad scales, is estimated at a little less than \$5,000, and it is hoped a sufficient appropriation may be secured to cover this expense.

The pavilion, built two years ago for the care of women pa-

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tients suffering from tuberculosis, has been of great value in the work of the hospital. This would seem to be a strong factor in favor of a similar building for the men patients. The endeavor to separate and isolate all patients suffering from tuberculosis is so widespread and universal that it is unnecessary to dwell upon the subject. It is manifestly impossible to properly isolate such cases in the main buildings, and it seems incredible that in an institution belonging to a State which is so advanced in the campaign against tuberculosis as New York State, that there should be any delay in making humane and proper provision for these patients.

The visitor to the hospital can hardly fail to be impressed by the large number of patients constantly using the verandas leading from some of the wards. Fresh air is so largely a part of the modern treatment of various diseases, especially in persons suffering from nervous troubles, that it becomes a really essential part of the treatment at this institution to provide proper and easy facilities for living as many hours during the day as possible in the open air and sunshine. Many of the wards are provided with verandas but more are needed. These verandas are, in addition, very useful in bad weather when the daily exercise in the grounds is prohibited.

That so many large institutions install refrigerator plants as a part of their working outfit would seem to indicate that a considerable saving in expense would follow after the initial outlay was provided for. The ice bills for the year form quite an item of the expense account, especially during such a heated season as this last summer proved to be. It is expected that a refrigerating plant would prove a saving to the institution.

These requests comprise the larger part of the budget for the year, the other demands being mostly in the line of repairs and renovations.

Another useful and busy summer has been spent at Wilson by many of the patients, both men and women, who have been much benefited by the greater freedom of farm life. The result of their labors is also shown in the great abundance of vegetables and supplies received at the hospital.

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The Committee have only words of commendation for the conduct of the hospital. Dr. Hurd and his assistants are earnest and unsparing in their efforts to minister to those under their care. It is apparent that a wise and careful oversight is maintained over every part of the institution.

ESTHER K. McWILLIAMS,

FANNY H. BARTOW,

CHARLES SUMNER JONES,

GEO. A. LEWIS.

BINGHAMTON STATE HOSPITAL

On the occasion of our most recent visit to the hospital, our first call was at Fairmount, the acute hospital, where all new patients, except transfers from other institutions, are received and kept until the exact nature of their disease is understood, when they are kept under treatment there or removed to a ward better suited to their case. We saw for the first time a patient in a continuous bath, in which he frequently remains from forty-eight to seventy-two hours. Out of this bath he is very violent and unhappy. Only his face was visible to us, but its expression was one of perfect satisfaction and he was lying quietly. The number received here during the year ending September 30th was 286. Since our last visit the walls in this building have been painted and a piano provided for the entertainment of the inmates.

Our next visit was to Broadmoor, the chronic hospital, where we found that many sick and otherwise helpless men had been removed from the North building on account of the better equipment furnished in this newer building for the care of this class of sufferers. Needed reconstruction of the spray bath equipment and of the shower bath stalls has been commenced, and provision made for laying new floors on the verandas in place of the tin floors which are rusting out.

The removal of so many from the North building has enabled the management to concentrate the working men patients in this building where they can have better food and other privileges that could not be provided when they were scattered throughout

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the institution. We were especially pleased with a series of steam heated clothes closets in the basement, one for each man, where he can change his working clothes when he comes in from the fields at night to those suitable for indoors, and any dampness accumulated out of doors will be dried out before the next morning.

At Edgewood, the tuberculosis building, we found among one hundred patients only six in bed and the remainder looking quite as comfortable as those in other wards. Funds have been provided for the building of rustic bridges leading from the second story bathroom of both men and women's wards to the hillside in the rear, thus enabling the patients to get into the woods without going down stairs or climbing the steep bank as they are now obliged to do.

We were very glad to note the provision of fire-escapes at Ferris Hall, the nurses' home. Also to learn that funds had been provided for a combination hose-wagon and chemical fire extinguisher to be drawn by a horse, that additional fire hose at the main hospital plant was to be purchased and that the doors leading to the fire-escapes in the main building swinging inward are to be changed so that they will swing outward.

A much needed filter plant is now being installed in connection with the power plant, and will soon be completed. When this is in operation it will no longer be necessary to boil the drinking water used by patients and employees. It is also planned to have a number of sanitary drinking fountains both indoors and out.

General improvements, such as new paper, paint, etc., have been made at all the cottages during the past year, and fire-escapes have been authorized for all. At Parkhurst we viewed with the greatest pleasure the ninety-three Holstein milch cows in their model stable, and at Plymouth Rock it was quite as interesting to see the well-kept poultry, sixteen hundred pounds of which is being fattened for the Thanksgiving dinner.

The visit was made so late in the season that Pine Camp had been closed for the winter, but we learned from the Superintendent that it had been occupied by women during the summer and men through the fall, to the great comfort and pleasure of all and the recovery of some.

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For several years past we have seen the need of a motor-truck to convey supplies from the railways to the hospital and for general trucking about the institution. The purchase of this has now been authorized by the State Commission in Lunacy.

The total number of persons in the institution is 2,841, men patients 1,405, women 971, nurses and attendants 210, other employees 255.

There is need of several additions and improvements which the Legislature will be asked to grant during the coming winter, all of which we recommend. A list of these follows:

A surgical pavilion and chemical laboratory in the rear of the main building.

A reconstruction of the electric light system by an entirely new plant to take the place of the present one, installed eighteen years ago, which is dangerously overloaded, inefficient and costly to maintain.

Mechanical conveyors to fill the coal bins in front of the boilers from the pile outside of the boiler house, which exhausting work is now done by the patients.

A necessary addition to the carpenter shop.

An additional story on the mortuary building.

An ambulance is frequently needed to convey patients, who are ill, from one building to another, where they can have better care.

Lumber is constantly needed for repairs and a building suitable for a lumber storehouse and dry kiln should be erected.

An appropriation is needed to finish and equip the basement under the south end of Ferris Hall, for a recreation room for the large number of women employees.

Material is wanted for roads and walks. Concrete platforms for garbage cans are needed in several places and concrete cellar floors should take the place of the earth floors in three of the cottages.

An equipment of concrete machinery, to be used in constructing hollow blocks, columns, posts and other forms for concrete repairs, would be most useful.

New fences along the highway and also enclosing pasture lands should be built.

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The laundry is entirely inadequate for the demands upon it and an addition to meet all requirements should be constructed.

It is found very difficult when the milking is done by the patients to keep the milk absolutely clean and we believe the installation of milking machines would be an improvement.

Ward Eight, occupied by fifty working men patients, has but one bathroom and an additional one with all necessary appliances should be built.

The dining room at the tuberculosis building is too small for the number of inmates always there. This could be remedied by building a veranda at the south end, enclosed in summer with some screen and in winter in glass.

But more important than any of these matters definitely mentioned, it seemed to your Committee, is an entire new building for women patients. For several years past the principal additions to the hospital have been for men, and the women's wards are crowded to an undesirable extent. We hope this item will receive the serious consideration of the Commission in Lunacy and provision be made for it in the near future.

CLARA A. HOLMES,
F. H. HASKINS,
CHAS. E. LEE.

ST. LAWRENCE STATE HOSPITAL

Your Committee last visited the hospital October 27 and 28, 1911.

We found the general condition satisfactory, and are glad to commend the management, as we have before.

We note again that the conditions result in some crowding, though not to the degree that has existed at some of our former visits.

We regret to find the staff is not complete, there being four vacancies, and this is a serious matter, because it seems hardly possible to secure the right kind of men for these vacancies. The pay is small, and the living accommodations very limited, so the right kind of men do not seek the position, for there is little hope for early advancement, and no provision made for a married man, and if such should fill the place, he must pay for the board of his

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wife or family. Similar places in the army or navy command a salary two or three times as large, so it can be readily seen that there is little temptation here for young and ambitious men, unless they are willing to take up this work purely for the love of it. Furthermore, these young men of the staff, graduate to the position of doctors in charge and in the coming years if present conditions continue, these institutions will be under the management of men not properly equipped for a charge with such large responsibilities. We are reminded, too, that these positions are acquired from the civil service lists, so it is not easy to change the incumbents, even though they prove entirely unfitted.

We urge the completion of the wings at "Eastwood Cottage," as the original plans called for, for the more comfortable accommodation of fifty employees, also that more suitable accommodations be provided for voluntary patients, for it is more and more recognized that it is better to prevent the mind becoming permanently diseased than to wait until the case has become hopeless, and this class of patients has largely increased.

What calls for the largest outlay of money — next to the wings to the employees' cottage, "Eastwood" — is apparently the farm. The purchase of this farm has been under consideration for a number of years. The State has an option to purchase this property, amounting to 206 acres, for \$10,500. The option expires March 18, 1913. The institution has used this land since 1908 and has fertilized and improved it so that it is worth more now than it was, and withal it would seem that we so greatly need it that there should be no hesitation about its purchase, for if our option expires, it will immediately be purchased by some one else, and we ought to avail ourselves of the opportunity without delay. Another thing, which in fairness, ought to be considered, is the fact that the owner of the farm, who gave the option, has since died and left a family in straitened circumstances, who are seriously embarrassed, because this option held by the State leaves them in a position where they are unable to do anything with the property, while if this option were not there, they could sell it.

The boiler house should be enlarged and so provide heating capacity for "Inwood" and "Eastwood," and besides properly

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heating these two buildings, eliminate the danger of fire from the furnaces.

As there are from sixty to eighty tons of coal to handle every day, and it is now handled by the poorest kind of help, it would seem that suitable coal handling machinery should be installed. This, we think, is greatly needed.

There should be some change as regards the carpenter shop and blacksmith shop. There is always the risk of fire, and they are so situated that in case fire did occur and water was used, the dynamos would be ruined, and that is a risk that ought not to be incurred. The carpenter shop should be a building by itself — at present it is over the dynamos. With the dynamos out of commission, the whole institution would be deprived of its lights, and that is a thing we should not like to contemplate.

S. W. KNOWLTON,
GERTRUDE J. E. KNOWLTON,
ANDREW IRVING.

ROCHESTER STATE HOSPITAL

The twentieth year of the Rochester State Hospital has been marked by the successful maintenance of the high standard of efficiency which has characterized its past history. No untoward event has occurred to interrupt the regular routine of its work. All those concerned in its administration, the Board of Managers, the Superintendent, the resident officers and the medical consultants have constantly evinced their intelligent appreciation of their responsibility, and their devotion to their several duties is most praiseworthy.

The managers seem to have made themselves familiar with the needs of the institution, and, in our opinion, the appeal they have made to the Legislature, now for the second time, for urgently needed improvements in equipment, should be promptly granted in order to discharge the irrevocable obligation the State has assumed — the care of its insane people.

In all our visits we have noted with special pleasure the spirit of harmony and friendly co-operation which prevails among the medical staff in all their delicate and difficult duties — a spirit which seems to extend to every branch of service throughout this

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vast household of nearly two thousand persons. While, in our attitude as friendly critics, we should freely express our disapprobation, in the same spirit of frankness we give expression to our approval, which happily becomes our only duty in this report.

A few statistical items should perhaps find place here, such as the following: The number of patients in the hospital October 1, 1911, was 1,459, of whom 359 had been admitted during the year, both numbers exceeding those of any previous year. As the registered capacity of the buildings is only sufficient for 1,305 patients, the urgent need of more room is obvious. The medical staff numbers ten, having under its immediate direction 193 nurses, of whom sixty-nine are men and 124 are women. The other employees required for the service of the household and farm number at present eighty-eight. The cost of maintenance of each patient during the past year has averaged \$3.82 per week.

The personal care of the patients is of necessity chiefly committed to the nurses, and the fact that the patients are insane demands that their qualifications should be of the highest quality. As they are the constant companions of the patients, day and night, their duties tax their resources to the utmost. Such special qualifications can be secured only by imposing on the officers of the hospital the burden of training its own nurses. This is a task of great magnitude. A regular college curriculum must be established, with a carefully graded course of studies extending through four years, the members of the medical staff constituting the faculty of instruction. So far as we have been able to familiarize ourselves with the training school for nurses, it seems to us to be conducted with great wisdom. Since all the students are serving as nurses, in subordinate capacities, while receiving professional instruction, the highest advantages of the clinic are secured. We are glad to find in the management of this school for nurses that, beyond the indispensable quality of technical efficiency, a constant attempt is made to inspire those higher and finer qualities of gentleness and conscientiousness which so largely contribute to make a personality which is specially needed in order to deal most successfully with the insane, for with all their sad losses the insane often retain intact, seemingly, their sensitiveness concerning persons and things.

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It would doubtless add to the efficiency of this branch of the service if the nurses could look forward to more liberal compensation than they now receive. It is unreasonably small. The building erected several years ago as a nurses' home accommodates something more than 100. A larger number are quartered in vacant places never intended for such purposes. Over seventy find a dormitory in the mansard story of one of the oldest buildings, where both floor and roof are beyond repair. Decency, humanity and an intelligent economy of human energy alike demand that after a day of exacting work the nurses should have provided for them a building remote from any other building used for hospital purposes. For the last two years the managers have begged for an appropriation for the erection of such a home and it should not be longer withheld.

In a study of the manifold activities of a great and complex institution such as this, a multitude of interesting details attract the attention which could be properly mentioned in terms of commendation, but space limitations render this report fragmentary, and we content ourselves with brief reference to three new departures from the traditional routine of hospital administration.

1. The admission of voluntary patients.

2. The extension of the parole privilege.

3. The new method in the treatment of cases of dementia precox.

Voluntary Admission.—Under a recent law of the State the superintendent is authorized to receive into the hospital and provide treatment for persons voluntarily applying without the formalities of a legal commitment. Such patients are, of course, at liberty to leave the hospital as they came, voluntarily. Not long ago it had never been dreamed that any insane man would recognize his need of medical treatment and voluntarily seek admission to such an institution. Yet in this year of grace twenty-two such cases have been received, and while the results have been various they have emphatically justified the continuance of the experiment. Some of these came because they had formerly been patients, and, though regularly discharged, had subsequently felt the need of a little postgraduate treatment. Some by occasional

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visits to friends who were patients had learned of the help they were receiving. In case the malady becomes more grave the patient may be very easily placed under regular commitment, as has been done in a few instances. Incidentally, it may be noted that this open door policy, allowing patients to come and go at will, precisely as in other hospitals, is doing much to divest hospitals for the insane of that atmosphere of superstitious horror with which many uneducated people formerly regarded them. Of course the voluntary applicant is always subjected to an examination and if it should appear that he would be incompetent to exercise the privilege of voluntary departure, he would be regularly committed. It naturally rests with the superintendent to accept or reject all such applications. In the olden time the insane were restrained of their liberty with the rigor of a prison — possibly we are discovering a better way.

The extension of the parole system.—It has been the uniform practice of the administration to allow the freedom of the grounds to patients possessing sufficient power of self-control. A new step has been taken in the same direction. Under a recent law of the State the superintendent is given authority to permit patients who, in his opinion, would be benefited, to return to their homes for a period not exceeding six months on probation. Such patients are still under commitment and may at any time be returned to the hospital. During the period of parole patients are, of course, no longer under the immediate supervision of the medical staff, and yet it has been found possible to exercise by indirect means a very satisfactory oversight of such cases, by such methods as these. It has been found that such paroled patients are often disposed to revisit the hospital to show how they are improving, or to ask advice. Their friends very naturally apply for advice or to report progress. In default of such means of information a competent visitor is sent to obtain information. This new departure in administration from the inflexible methods of the olden time, like the voluntary admission, is a step in the recognition and encouragement of the first indications of an intelligent appreciation by the patient of his own condition and in securing perhaps the most valuable help toward his recovery — his own co-operation.

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It sometimes happens that when a patient, apparently cured, is discharged and returns to his home after a long absence, the sudden contrast between the crowded and noisy ward and the strange silence and solitude of a lonely farm house, affect him disastrously, bringing on a relapse and requiring a new commitment. It is easy to see how a judicious application of the extended parole may avert such a calamity. It may be considered as a tentative discharge — a valuable test as to the reality of his restoration. Should it appear that he is not yet ready to be returned to his home, he is quietly, and generally without resistance on his part, returned for further treatment without the annoying and often exciting formalities of a new commitment.

This phase of the parole system has now been in operation for some time and has proven so satisfactory that a larger number are in this way returned to their homes every year until at the present time something over one hundred patients are under observation at their own homes. Like the voluntary admission system, the leave of absence is considered as still on trial and is being closely studied by alienists in all its aspects.

The new method in the treatment of cases of dementia precox. It has been noticed in recent years that somewhat more than 20 per cent of the patients admitted to this hospital have presented that form of insanity technically known as dementia precox. The prognosis of this malady is extremely unfavorable. A study of the chronic insane who have gradually grown more and more troublesome, careless of their appearance, destructive and violent, discloses the fact that in the majority of such cases the trouble first presented the form of dementia precox, while instances of complete recovery are exceedingly rare. To the question, What can be done for these unfortunates? the practical, if not the frank answer, heretofore given has been, nothing. But that answer no longer satisfies the new scientific age.

It had been observed that when patients of this class had been placed at once, on their admission, at some manual occupation and kept steadily employed the progress of their malady was apparently somewhat arrested. Here was a mere hint which was caught by a few minds who at once began to invent means of ar-

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plying this principle scientifically. Accordingly, about three years ago a group of a dozen women and girls of the dementia precox type were selected from the wards for the experiment. To the ordinary observer the only feature of these cases which attracted his attention was their apparently hopeless misfortune. They exhibited few signs of vitality, either physical or mental, they took little notice of persons or things about them, were profoundly apathetic and irresponsive, and utterly careless of dress and personal appearance. Indeed, little evidence of any intelligence remained. Such were the subjects selected from the wards and formed into a group for the experiment. In their childhood all of them had had the advantages commonly afforded by the country school, but now not a trace of such advantages remained. Their early education had been lost. Had it become latent? Could any method of search ever find it and revive it as memories have sometimes been revived after a lapse into oblivion? The search was fruitless, nothing remained. Then was a re-education possible? If at all possible it must be accomplished under conditions vastly different from those of the first or childhood education. Their first teachers had taken them at the usual school age when they possessed a vocabulary, capacity to observe and reason and remember. Now all these endowments are in eclipse. The foundations have disappeared. If they should be classified according to the Binet method of grading intelligence they would be reduced to the grade, not of childhood, but of early infancy. The patience and courage which could attempt a re-education on such a foundation is little less than heroic.

It would take many pages to convey an adequate idea of the tactfulness, patience and ingenuity required to find a beginning place and to awaken the feeblest glimmer of attention in these whose existence seemed to have become too dull and cheerless to be conscious either of pleasure or of pain. For example, it was a great triumph, after many trials, when a girl made a slight effort to avoid a ball rolled toward her. It was a response, a clue to be followed. And so it seemed beyond belief, after one year's training, to note the marked change in the physical appearance and health of these pupils, to see them dressed in becoming uniforms

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made mostly by their own hands, with hair tidily arranged with gay ribbons, performing a variety of gymnastic exercises in unison, such as marching, dancing to music and singing. The effort to reverse the usual process of manual training, by reaching the hand through the brain, and educate the brain by the hand, has been most remarkably successful, as shown by an exhibition of their handiwork, such as rugs woven in a loom, basketry in many varieties, dress making and embroidery. They have also been successfully taught to do their own laundry work. Experience has already shown the importance in these cases of avoiding monotony and therefore the widest variety of activities is contrived both of work and play, if indeed there is any such distinction in the consciousness of the pupils of this strange school. Whenever the weather permits, outdoor walks and sports are planned. In teaching games their limitations are encountered and the simplest are selected. For example, the complexities of lawn tennis is found to be beyond their grasp.

It has been found by experience, however, that when this higher plane of intelligence has been reached it lacks the elements of permanence. It is a condition of unstable equilibrium. It can be maintained only by the steady application of some sort of external pressure and support. If this is withdrawn even temporarily the pupil quickly relapses to her former static condition. Constant occupation in some form becomes essential to progress. Idleness is fatal. By a skillful variation of occupations, making work more like play than work, the object is attained without the depressing sense of drudgery and fatigue.

In less than three years now this group has grown to about forty. It could be considerably enlarged were suitable trained teachers available. This effort at a re-education of persons who once possessed an education but have lost it as the result of disease, presents to the alienist, the psychologist and the student of pedagogy a problem of singular interest.

The experience of the past shows that we must expect only a very small number of the victims of dementia precox ever to return to their homes restored to a state of sanity. What then is there to encourage this laborious and expensive effort? The frank

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answer is this: These must for the most part remain in the hospital for the remainder of their lives. When they shall have reached a sufficient degree of efficiency they will be transferred to some industrial department of the hospital where they will find congenial occupation under the care of trained caretakers. Instead of living lives of useless and helpless dependency they will be able in good measure to take care of themselves and render valuable service to diminish the cost of their support. For themselves and their friends this prospect seems the happiest possible, and infinitely happier than in former days seemed possible when the doom of the victim of dementia precox was to drift steadily and irrevocably to deeper and deeper depths of darkness and misery.

In this glance at these new features of hospital administration we have been impressed with the conviction that in the practical operation of the voluntary admission and in the extended parole, the superintendent has opened before him a most valuable opportunity for a better acquaintance with the environment and family history of his patient — data of much utility in adapting his course of treatment. Such knowledge will be of equal value in giving direction to the after care which is so important to help the discharged patients to make an easy return to his old home life.

Moreover, may not this knowledge, coming in this incidental way, contribute to a still higher end? If we seriously consider the awful calamity insanity brings upon one person and his family, and then look upon the steadily increasing host entering our hospitals every day; and how very few leave, restored to health. If we estimate the enormous burden imposed on those who remain sane, we are driven to a belief, more or less intelligent, that this dreadful condition must somehow come to an end.

In the study of diseases we formerly sought for cures, we now seek for causes. We once believed insanity was the obsession of a horrid demon; now we know it to be due to a derangement of the physical body. The history of the last generation has taught us that when once the cause of a disease is clearly understood, the

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remedy speedily follows almost automatically. We have seen a host of ills banished from every civilized nation.

Is there not ground for hope that in the newer conception of the possibility and practicability of preventive measures, and in the wider knowledge of physiology and psychology, and in the scientific and legalized control of the conditions of environment and heredity, we may expect at no distant day to see not only tuberculosis but also insanity banished from the earth?

SAMUEL A. LATTIMORE,
MARY B. MURPHY,
HELEN B. MONTGOMERY.

GOWANDA STATE HOMEOPATHIC HOSPITAL

A visit to the hospital was made Monday, September 17th, by Mrs. Dana, Mrs. R. G. Wright and myself.

We found things in a very satisfactory condition. Everything seemed sweet, fresh and clean, showing great care. We were particularly pleased with the dormitories. The mattresses and pillows on all the beds looked quite new, and were being well aired. The patients are sent in at four o'clock to get ready for the night. Through the sitting rooms, corridors and hospital wards were lovely ferns and blossoming plants, giving a homelike appearance that was pleasing. The physicians and attendants, so far as we could judge in a stay of a few hours, seemed kindly and attentive, and the feeling excellent between them and the patients. Sixty nurses are on duty during the day, fifteen at night. Settees have recently been put in the recreation hall. This is a large, bright room with a fireplace at one end. Dr. Arthur hopes later in the season to have the patients taught simple gymnastic exercises. There were many workers in the sewing room where they have eight machines that are run by electricity. These are well placed, having excellent light falling behind the operator. Here the entire sewing for the house is done, for both men and women, except the men's suits. In another room is a tailor and his assistant, who, with the help of two or three patients, turn out from forty or fifty suits each month. We were unfortunate in reaching the work shops when the men were at

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dinner, so didn't see what was being done this fall, but imagine there has been no change since June, when they were making shoes, brooms, brushes, mattresses, repairing harness and furniture. The building for tubercular cases among women is quite perfect, but the men are in a most uncomfortable, dreary-looking tent.

The storeroom and refrigerators were well supplied. They, with the kitchen and bakery, were so clean I am sure any house-keeper would be glad to have the men who look after them in her own home. The baker should have a larger room, for he has an enormous amount of work and says he finds it difficult to do it in so small a space. Four and five barrels of flour are used daily. The chef had been canning tomatoes grown on the farm. He told us he had already put up 1,900 gallons, and expected to do 1,100 more. There are ninety cows on the place, so the inmates have plenty of good milk. The menu is a simple one, but everything served is good of its kind, and there is an abundance of it. For dinner the day we were there, they were having noodle soup, curry of mutton, potatoes, turnips, tapioca pudding, tea, coffee. For supper they were to have green corn, rolls, molasses cake, tea. The grounds about the buildings and the gardens are beautifully cared for. I have been through them several times during the season and have always found them the same. We all agreed that the greatest need is a new building for the tubercular patients, and a larger bakery.

JOSEPHINE P. DODMAN.

SPECIAL AND SEPARATE REPORT BY MEDICAL COMMISSIONER*

A special report concerning the medical policy of the Department, as it exists in the opinion of the Medical Commissioner, has been requested from several sources. Therefore, it seems opportune to state that the policy of the Department has been to ameliorate the conditions that lead to the recovery, or at least the improvement of the insane patients under care; to supervise and ameliorate the conditions to which the insane are subjected previously to their commitment or their voluntary admission; and to maintain a rigorous control of expenses and disbursements to the end that such economy may be practiced as is not inconsistent with the best interests of the patients.

It is undeniably true that too large a proportion of the time of the Commissioners had heretofore been exacted by the ordinary method of the estimate system. The close supervision of estimates and requests had resulted in evident and considerable economy. Stereotyped repetitions and comparative extravagances have been scrutinized and pruned severely, with, in part, the result that a defensive attitude has been assumed in certain instances and the intentions of the Commission had been frustrated. In the matter of both the quarterly estimates and *those submitted* at the time of the semi-annual visits of the Commission, a new method has been adopted, or rather an old custom has been revived. This consists in leaving the responsibility on the shoulders of the superintendent and his aides, trusting to his conscientious reduction or disallowance of demands arising in his various departments, using his own judgment. Comparisons are made constantly, and should this method prove unsatisfactory in any instance, a return to the former scrutiny may be made.

Certain innovations and simplifications suggested by the Audit Company of New York, after its exhaustive examinations which

* Dr. Albert Warren Ferris, the Medical Commissioner, who retired from the Commission January 1, 1912, has requested the publication of the annexed as his separate and personal report concerning the medical policy of the Department.

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began November 8, 1910, are being tested carefully. An infusion of new blood in the Albany office and a rearrangement of duties in certain respects promise better organization, if, indeed, adequate quarters are provided for the Commissioners and their office force. For ten years the two rooms assigned to the Commission for all purposes have been very inadequate. The Commission has the care of property worth twenty-nine millions of dollars and has in its charge thirty-one thousand human beings suffering from diseased minds. It handles over seven millions of dollars annually. Such vast interests, such a large department, should have at least numerous convenient and commodious offices and apartments for work free from hindrances and interruptions.

Supervision and proper care of the insane pending commitment is of the greatest importance and value. Of the male cases dying in the hospitals, 14 per cent had resided there less than one month, 25 per cent less than three months, 33 per cent less than six months, and 45 per cent less than one year.

The necessity of psychopathic wards in connection with general medical hospitals in all cities and large towns has been urged for years by the Commission. Perhaps the most important treatment of all is the initial care. All disturbing and distressing features, all confusing and fatiguing agencies should be prohibited. The tenderest nursing is essential from the start if the full number of possible recoveries is to be reached. Psychopathic wards or pavilions, affording this initial care, should be provided in connection with one or more general hospitals in all cities and large towns, equipped with competent nurses. To secure proper equipment and nursing, it is necessary that detention wards, psychopathic pavilions, and all places in which the insane are treated even temporarily should be under the eye of the Commission, which should have power to suggest improvements and additional protection, to be enforced if the court deems them proper. The law gives the Commission of Prisons similar jurisdiction over places in which those accused of crime are temporarily quartered. Why should not the sick insane have at least equal protection? An amendment to the Insanity Law for this purpose died in committee during the last session of the Legislature.

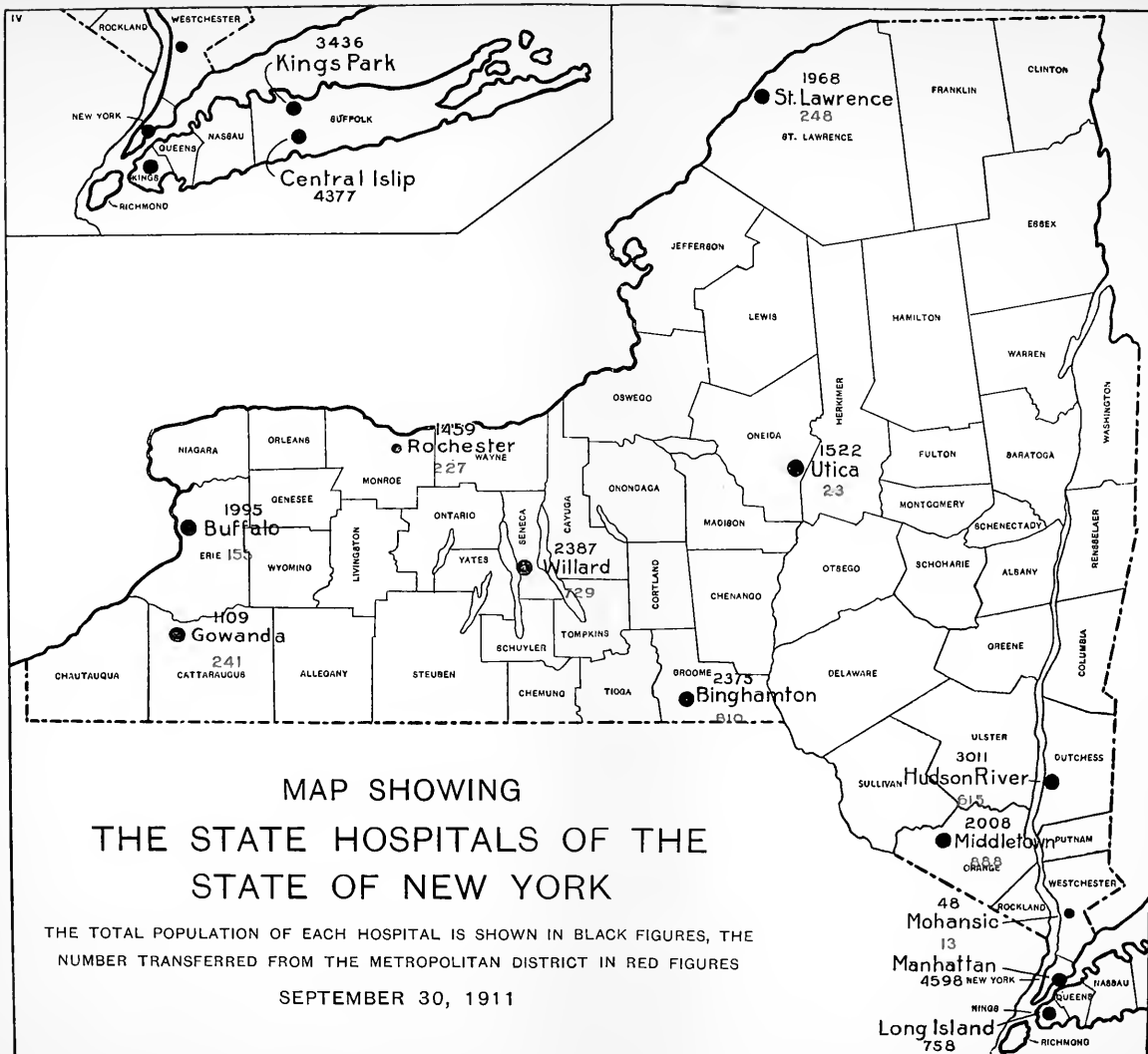
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The Commission acts in a supervisory and advisory manner, always seeking co-operation with the superintendents and all medical officers. The Psychiatric Institute is the apex of the medical system of the hospitals. It is not only the court of medical appeal, but it is also a source of increased psychiatric knowledge. To it physicians come in relays from the various hospitals to form classes in advanced work, and returning, become leaders in the psychiatric activity in their respective hospitals; thus a further and increasing interest in psychiatric endeavor is maintained and real medical progress is assured.

The Department has for many years found increasingly serious the matter of overcrowding in the State hospitals. When New York county came into the general system and the New York City Asylums for the Insane became the Manhattan State Hospital, a large number of insane people were transferred from Blackwell's Island to the buildings on Ward's Island, in which there was no room for them. Accommodations provided have never been sufficient to meet annual accessions and also make provision for the initial overcrowding to which allusion has been made. In fact, this overcrowding has never been met. Efforts have been made from time to time to relieve the congestion in the hospitals of the Metropolitan district by transfers to the other hospitals in various sections of the State. Had it not been for such transfers it is probable that none of the State hospitals except Utica or Buffalo would have been filled.

On an adjoining page will be found a map showing the State hospitals throughout the State, with the total population of each hospital stated thereon in black figures and the number transferred from the Metropolitan district in red figures, as these totals appeared on September 30, 1911. From this map it will be seen that there were 23 patients belonging to New York City or vicinity at Utica, 729 at Willard, 615 at Hudson River, 888 at Middletown, 155 at Buffalo, 810 at Binghamton, 242 at St. Lawrence, 227 at Rochester, 241 at Gowanda and 13 at Mohansic State





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Hospitals, making a total of 3,949 patients transferred to various distant localities who properly should be retained in or near New York City.

While this total is about 115 less than a year ago, it is still a disturbing figure to contemplate when the needs of the patients and the moral rights of their families are considered, as will be discussed later in this report.

By the Metropolitan District is meant the area included in the counties of New York, Kings, Queens, Nassau, Suffolk and Richmond, for the reception of whose patients accommodations are supposed to be provided in the Manhattan, Long Island, Kings Park and Central Islip State Hospitals, to which number will be added the Mohansic State Hospital when constructed at Yorktown, New York; for the latter besides affording accommodations for the insane of Westchester County, will admit some of the New York City patients. To transfer patients up the State is practically to enlarge the districts of the "up-state hospitals" so as to include distant territory. Certain districts should be decreased in size by subdivision, rather than be increased as just explained.

The ideal distribution of insane patients, and the mark at which we should aim unceasingly, is to have small institutions assigned to definite districts of small area. A few years ago, English authorities who had been long engaged in the work of caring for the insane, reached the conclusion that the size of a hospital for this class of patients should not exceed fifteen hundred in population. With an establishment of this size a superintendent can personally know all of his employees and almost all of his patients. He is not so overweighted by administrative care and duties as to be obliged to delegate all medical supervision and care to the younger men on his staff. He will still be able to retain certain wards under his own control in large measure. This is a conclusion which will recommend itself to the mind of almost every unbiased and studious physician of a few years' experience in this work.

In the location of a State Hospital for the insane, two principal points should be uppermost in the mind: first, accessibility of the institution to the bulk of the patients within the territory.

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Second, the proximity to certain centers of population. In the very unfortunate location of the St. Lawrence Hospital at Ogdensburg many years ago, all idea of accessibility or of proximity to centers of population was lost or was over-borne by some other consideration. This hospital is a shining example of the improper location of an establishment for the purposes for which this was constructed. In order to form a district from which an insane population can be drawn that will enable the hospital to perform the work for which it was built, it was found necessary to arrange the district assigned to this hospital in such a way as to take in a populous city and county, and thus Onondaga County, containing the large city of Syracuse, was embraced in the territory. Patients and their friends traveling from Syracuse to Ogdensburg are obliged to make a long and expensive journey, with the result of embarrassing the family in many cases and of adding excessive weariness and distress to the sufferings of the patient. Relatives visiting a Syracuse patient domiciled in the St. Lawrence State Hospital must of necessity spend a night on the way, thereby losing financially productive time as well as being forced into a large outlay of money, which they can ill afford.

To the untrained and inexperienced, the probable economy of the administration and of the purchase of supplies for a very large aggregation of patients appears paramount to the probable cure of a greater number of patients. This is somewhat fallacious, for while immediate saving (for example, in salaries) can be shown, together with a per capita decrease by a few cents, the discharge from the State care of a greater number of patients, recovered or improved, will nearly if not entirely constitute a counterbalance. Quarters patients in the distant parts of the State not only prevents their friends from visiting them as frequently as is desirable, but shuts off from the physicians any opportunity to secure an increasingly full history of the progress of the disease in the case which is so essential in every instance. It also tends to depress the patients and assists in fixing in their minds the delusion that they are being treated as criminals and are suspected of crime in spite of the fact that they know they have committed no crime. Moreover, it renders the duties of the after-

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care committees extremely difficult since it is not easy to interest employers, or the friendly disposed, in patients so far removed from the residences of those who know them. Distance from home results in decreasing interest on the part of the family and a decreasing if not abolished possibility of watchfulness over the family on the part of the hospital authorities: for by these means, and by teaching possible prevention, alone can the incidence of insanity be decreased. Even in chronic cases, close contact with the patient's family affords the best means of applying measures of prevention of further cases in some instances. Administrative ease is not the first or most important consideration in this matter. New York State has practically monopolized to herself the care of the insane within her boundaries. With the creation and assumption of this monopoly stalks, *pari passu*, as great a responsibility to adopt the very best measures medically for the insane.

Metropolitan necessities will compel us to maintain very large hospitals near New York and Brooklyn. There is a separate problem in a metropolis, and it relates very largely to recent immigrants or their descendants. This problem can be met only by enormous aggregations of patients on Ward's Island and at Kings Park and Central Islip. Long Island State Hospital must be retained in the City of Brooklyn as a reception hospital for certain emergency cases, for transitory cases and also for infirmity patients who are too weak to be transferred to a distant hospital. The main part of the Long Island State Hospital should be erected in a country locality, easily and cheaply accessible and back in the center of Long Island. The Commission in Lunacy still holds the Creedmoor Rifle Range which it acquired in 1908; and, as the value of this tract has not advanced as was so confidently prophesied a few years ago by those who decided that it was unwise to allow the Commission to build thereon, that site may yet be developed for the use of Long Island State Hospital by the erection of an establishment for twenty-five hundred patients, as once projected and urged by the Medical Commissioner. But the "up-state hospitals" should not be made receptacles for the overflow of the Metropolitan hospitals for the latter should care for their own in their own localities. The "up-state

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hospitals," through field work and the propaganda of prevention and by preaching eugenics and the gospel of right living, should so care for their families in which insanity appears as to show for some years an actual decrease in the number of their admissions, even with an increasing population, save in instances of those hospitals in whose districts are located cities toward which there is a strong tide of immigration, bringing in individuals with minds in which the seeds of insanity lie dormant or which afford the proper nidus for the operation of agencies which produce mental deterioration.

Land should be immediately acquired for two new hospitals to be situated respectively near Albany and near Syracuse. A new Albany district would include probably the counties of Rensselaer, Schenectady, Washington, Saratoga, Warren and Schoharie. The new Syracuse district will include probably the counties of Oswego, Onondaga, Cayuga and Madison. This projected arrangement will relieve Utica from the patients now and heretofore contributed by the cities of Schenectady, Ballston, Saratoga, Whitehall and Fort Edward; it will relieve Hudson River Hospital of the patients it has heretofore received from Albany and Troy; it will relieve Binghamton State Hospital of Madison and Schoharie counties, and these three hospitals will be able to care for the insane of their own new districts without difficulty if they are protected from New York City transfers.

Heretofore, the State has been unable to allow sufficient money to the State Commission in Lunacy to erect additional hospitals and care for the increasing numbers of the insane in any other way than by erecting additions to "up-state hospitals" and transferring patients thereto, for the reason that the old methods of raising revenue for the State did not provide adequate funds. Now that a partial return has been made to a direct tax, through the legislation of the last session of the Senate and Assembly, it will not be difficult hereafter to levy so large a direct tax as will be needed for the rapid development of adequate provision for the overcrowding in districts in which it occurs, since the necessities of the insane appeal to the humanity and sympathy of all our taxpayers.

There still remains the problem of the dotards, who exist in

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fairly large numbers in all of our hospitals, and who represent rather the evidences of physiological decay than of deterioration from actual mental disease which under the statute can be classed as insanity. In the homes of the well-to-do and wealthy there are many cases of this nature, and these are cared for by relatives. The poor are unable properly to care for this class. In many instances these unfortunate sufferers were found ill treated or neglected in their homes or in almshouses and were taken to the State Hospitals partly from motives of ordinary humanity. They are retained in the hospitals from the same motives, and should so be retained until other provision is made for them. They number about 2,000 souls. It is entirely possible to care for them with a smaller proportion of physicians and attendants, with simpler food and simpler clothing, and in all respects in a more economical way than they are now maintained, and yet without deprivation or neglect in an institution specially devoted to them, or in county institutions subjected to the close supervision of the Commission in Lunacy. A further consideration of this matter will be found on page 88 of the Twenty-second Annual Report of this Commission, covering the year October 1, 1909 to September 30, 1910.

The Commission is frequently urged to transfer certain patients to the civil hospitals, as the law permits, from Dannemora State Hospital, whose inmates were sent there because of becoming insane while serving their sentences as felons. The class of insane found at Dannemora is extremely peculiar, differing widely from the ordinary insane patients, and widely from the ordinary criminals. It is a most difficult and in the main dangerous class to care for and to treat. Dannemora must be considered primarily as a prison, and secondarily as a hospital. After the expiration, during his sojourn at Dannemora, of the term for which the unfortunate has been sentenced, if he remains insane he is recommitted as such by a justice, and remains in residence at Dannemora State Hospital. Certain conditions of mind are due to incarceration and it is frequently difficult to decide whether those conditions when appearing are due to the disease or simply to the intramural agencies. In a few cases it is fair and proper to transfer quiet, tractable and obedient patients to a civil State hospital.

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and this is done at rare intervals. It must be remembered, however, that certain degrading habits are very prevalent among prisoners of this class, and that they are as a rule lawless, resistive of all discipline, inharmonious and absolutely inadaptible. It was for these reasons that the separate hospitals at Dannemora and Matteawan were constructed, in order that this class of patients might not be allowed, through its proximity, to damage, or retard the recovery of, insane patients of the ordinary class. It has been found necessary in certain cases in which patients from Dannemora have been transferred to civil hospitals to segregate such patients because of their evil influence upon others, and to give them stricter surveillance than is necessary or desirable in the case of the remaining patients in the hospital. This creates in the civil hospital an administrative difficulty which is easily met at Dannemora, and should be met there. In most cases, the application for transfer from Dannemora to a civil hospital is made by the patient or his friends with the view to easier discharge of the patient from custody than would naturally result at Dannemora itself. The medical side of this question is strong, and suggests that very few if any such transfers should be made.

The matter of immigration remains important and looms large before the eye. The greatest problem in the realm of the prevention of insanity is presented through the admission into the country of aliens who promptly give evidence of insanity. The foreign born insane in 1909, within our State institutions, constituted 42.9 per cent of our insane population, as against about 35 per cent foreign born in the population of the State at large. It is encouraging to record that at the close of this fiscal year, September 30, 1911, the foreign born insane had decreased to 42.5 per cent. Of this proportion 7 per cent represents the Jewish insane population. The decrease in the number of foreign born insane in our care is due in all probability to the fact that it has become generally known in certain countries of the old world that immigrants with mental and physical defects cannot secure admission to this port as easily now as formerly. In recent years, during the administration of the Honorable William Williams, Commissioner of Immigration at Ellis Island, notice has been plainly served upon residents in foreign countries that

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the unfit would be excluded, and this in all probability has resulted in deterring an attempt to reach this country by many relatives who heretofore have brought with them the actually insane or mentally defective members of their families.

Between June 30, 1909, and June 30, 1910, over 850,000 aliens were inspected upon arrival at the port of New York under the provisions of the Immigration Law. Naturally the larger proportion of this number were immediately admitted after the first inspection, because of the enormous pressure incident to the arrival from time to time of several steamships on the same date, and to the fact that the Federal authorities do not make, in our opinion, sufficient provision in the way of physicians for as thorough an examination as is really necessary; nor are the facilities in the way of detention rooms at all adequate. Yet large numbers of these aliens were detained for special inquiry under the provision of the law that provides for such detention in the case of aliens "who may not appear to the examining inspector to be clearly and beyond a doubt entitled to land." Commissioner Williams reports that the passengers brought in the steerage of certain vessels are habitually of so inferior a character that he detains as many as 30 per cent of such immigrants for thorough examination, on frequent occasions as many as 1,000 being so detained upon a single day. But he states that unless the steamship companies that are at fault, and that deliberately transship to this country defectives and inferiors whom they know will be or should be excluded, can be compelled to exercise greater care when they allow or induce their passengers to embark, this difficulty will not be diminished but will be increased. During the year between June 30, 1910, and June 30, 1911, 749,642 aliens were inspected under the Immigration Law at the port of New York, and of this number 144,258 were detained for various causes, about one-half of them for special inquiry. During this fiscal year approximately 14,500 aliens were deported from Ellis Island, including about 1,500 who after their entry had been found to be in the country in violation of law. Commissioner Williams states that the fact that, in certain months, the exclusions reached 3 per cent of the arrivals indicates carelessness on

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the part of the steamship agents abroad in accepting certain immigrants as passengers. The difficulty in maintaining a correct and efficient standard of inspection is great. In order that such a standard may be maintained to inspect mental defectives, the State Commission in Lunacy should make common cause with the Commissioner of Immigration at the port of New York and with the Secretary of Commerce and Labor of the United States, in whose department the matter of immigration belongs. It is the desire of the Medical Commissioner to arrange a conference between our Commission, the Secretary of Commerce and Labor and Commissioner Williams and others of the Federal officials in this Department, in order that harmonious relations between them and our Commission may be maintained and we may be of assistance to them in the accomplishment of their work so far as it relates to our Department, and may be helpful to them in securing the passage of proper legislation more effectively to authorize such entire prevention of the landing of inadmissible aliens as is demanded by the important fact that the foreign population amounts to 42.5 per cent of our insane wards.

The Commissioner of Immigration should certainly be allowed to construct additional apartments at Ellis Island for the detention of suspected cases of mental disease in such quiet and comfortable surroundings as will reassure them and allay all fear, and allow a sufficient time to elapse after they have been comfortably installed in these apartments for a proper decision to be reached as to their actual mental state. The federal government should provide certain physicians for the inspection of such cases whose training has been sufficiently long in actual experience with insane to render them capable of arriving at wise decisions. The ordinary physician, be he ever so well equipped for other duties, such as those of boarding officer, is not naturally in possession of the necessary information which enables the psychiatrist to reach a rapid decision.

The Commission has advocated an increase of the head tax upon admission to ten dollars for each immigrant, as proposed by the Commissioner of Immigration. While this tax would not and is not designed to prevent the entrance into the country of criminals,

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who always secure necessary money, its imposition would decrease the total number of immigrants entering the port so much as to render the remainder more easy of classification and examination, and would also result in the provision of funds enough to carry on the work of examination properly. As repeatedly advised by our Board of Alienists, transportation companies, other than railway lines, entering the United States from foreign contiguous territory should be fined for bringing into the country insane persons as they now are for bringing in idiots, imbeciles and epileptics. As this Commission has repeatedly stated, and as has been advised by our Board of Alienists repeatedly in its annual reports, the time within which a transportation company is obliged to deport an alien who has entered into the United States in violation of law and has become a public charge should be increased from the present limit of three years after the date of his entry to five years. Several cases have occurred in which a patient, insane at the time of landing and entering the United States in violation of the law, has been transported rapidly to an adjoining State from which, as a nonresident in that State, he has been returned to New York City as the port through which he entered, shortly before the expiration of the three-year term, and so nearly at the expiration of that term as to leave insufficient time within which to verify his landing, ascertain the necessary facts in his history and secure the deportation warrant from the United States authorities. There are also certain cases of insane aliens who have become public charges, and who are actual paupers, whose expenses are paid by contributions by philanthropic people for a short time, such time frequently covering the remainder of the period existing between the time of their discovery and the time within which they may be deported, such financial assistance being withdrawn after the period of deportation has expired. Our Board of Alienists has also brought to our attention the fact that the United States authorities do not always secure the safe and humane deportation of certain alien insane by the steamship companies which brought them to this port to which such sufferers are manifestly entitled because of their serious condition. Previous to the enactment of the Immigration Law of 1907 there was no provision made in the statute for the safe return of insane

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immigrants. The amount of unnecessary restraint and neglect generally to which they were subjected can easily be conjectured, but even since the enactment of the law mentioned the deportation by steamship companies of dangerous or feeble insane is not only far from satisfactory but is in some cases absolutely inhuman, as has been revealed by certain reports made to our Department. Our alienists urge that the matter of deportation of insane aliens shall be at the expense of the United States government. While this in some measure relieves the steamship companies of obligation and penalization, our first duty is to the insane; and the government will find some way of preventing a large expense through this channel by putting pressure upon and hedging about the erring steamship companies in other ways.

Attention is invited to the full report of our Board of Alienists which appears upon pages 75-93 and which states their increasing success in the matter of relieving our State of what would otherwise be an extremely heavy financial burden and a dangerous addition to our already grave overcrowding.

RECERTIFICATION OF CAPACITY

During the year a recertification of capacity of the various hospitals was made by Commissioner Ferris after personal inspection of almost every ward in each of the hospitals and a personal computation of the proper number of beds to be placed in each dormitory. It has been thought by some that there is a certain coefficient which is applicable in all such cases by the use of which the proper number of beds in a ward could be computed by anyone without difficulty. Such is not the case. The number of beds which should properly be placed in a ward depends not only upon the cubic feet of air space in that ward. It depends also upon the floor space, the location of windows (whether on one, two or three sides of the ward), the entrance of sunlight on more than one side of the ward, the number of exits provided for use in the case of fire, and the class of patients to be accommodated in the ward.

The last certification was made by a Medical Commissioner who has since stated that it was rather an overcertification, whereby the capacity of the hospitals was somewhat overrated.

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Commissioner Ferris has independently decided that the following is the present capacity of the hospitals: Utica, 1,393; Willard, 2,022; Hudson River, 2,765; Middletown, 1,547; Buffalo, 1,844; Binghamton, 2,122; St. Lawrence, 1,700; Rochester, 1,305; Gowanda, 852; Mohansic, 51; Kings Park, 2,659; Long Island, 512; Manhattan, 2,793; Central Islip, 3,650; making a total of 25,215. As the population has reached 31,051, the overcrowding amounts to 5,836 patients at the close of the fiscal year.

It is imperative that the salaries of the staff physicians shall be increased and that provisions shall be made for the comfortable housing of married physicians. The Department has for some years been unable to cope with the Army and Navy service and secure applications from as many or as good men as the United States Government has attracted through its more liberal salaries and advantages. To be a loyal and efficient staff physician in a State Hospital for the insane is no easy task and the position provides no comfortable berth. A study of the statistical tables, the reports of the Psychiatric Institute and the reports and papers published in the *N. Y. State Hospitals Bulletin* will result in a deep conviction in the mind of the reader that thorough and effective medical work is performed at our institutions. We need men of high type to fill the many vacancies that exist in our staffs at the present time, and these men can only be secured by attractive offers in the way of salary and accommodations. For some years the Commission has endeavored to secure the approval of the Governor, the Secretary of State and the Comptroller to a schedule which would increase the salaries of our physicians by about \$42,000. The present administration has not yet been approached upon this topic because of the severe financial stress the Commonwealth was reported to have been at the beginning of the calendar year, and because the money obtained to be expended upon the insane themselves was far short of actual requirements, although as large a proportion of the actual income as the State could afford was apportioned for our purposes. It is imperative that the matter of increased salaries should be favorably settled at the earliest possible date.

A parallel matter consists of the wages of nurses and employees.

Medical Commissioner — Special and Separate Report

These faithful attendants upon the insane have for years been underpaid and in many instances have been uncomfortably lodged, while they have as a rule been serving for twelve hours a day in positions of considerable hardship if not of actual danger. The attempts made by the Commission during the last two Legislatures to increase the wages of nurses and attendants failed to the sorrow of the Commission; but it is earnestly hoped that at the next session of the Legislature satisfactory arrangements will be promptly made for the relief of this distressing condition and that a fair financial return may be made to the nurses and attendants for their faithful service.

With hospitals provided with sufficient accommodations for proper classification of patients and for their therapeutic occupation in and out of doors; with a sufficient number of staff physicians of high type attracted by adequate salary and comfortable quarters; with a proper number of comfortably lodged attendants and nurses, in part of higher grade than many now necessarily employed in order to secure merely sufficient numbers; with field workers among the affected families in the hospital districts, co-operating with research workers in the realm of eugenics and with members of temperance organizations, all with the constant help and advice of the Psychiatric Institute; and with efficient Federal inspection and control of immigrants and the continued loyal and intelligent activity of our Board of Alienists, the medical work of the Department will be prosecuted satisfactorily.

Respectfully submitted,

ALBERT WARREN FERRIS.

STATISTICS

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STATISTICS OF THE INSANE

CENSUS, SEPTEMBER 30, 1911

At the close of the fiscal year, September 30, 1911, there were 33,311 patients in the State hospitals and private institutions under the supervision of the State Commission in Lunacy. The increase in patients over the preceding year was 653. This is the smallest annual increase since 1901. That it is no larger is due to the activity of the State Board of Alienists in removing to their homes the alien and nonresident insane. The ratio of the insane population to the general population of the State is now 1 to 283 as compared with 1 to 279 last year. This is noteworthy as the first year since the organization of the State Commission in 1889 that the ratio of the insane to the general population has decreased. The ratio of insane males to the general male population is 1 to 291, as compared with 1 to 289 in 1910, and of insane females to the general female population, 1 to 273, as compared with 1 to 269 in 1910. The 1911 ratios of insane to population are but slightly larger than those of 1909.

The insane patients under treatment in the State were distributed among the various institutions as follows:

	Males	Females	Total
Civil State hospitals.....	14,569	16,482	31,051
Hospitals for criminal insane.....	1,064	135	1,199
Private institutions.....	377	684	1,061
Total.....	16,010	17,301	33,311

Table 4 gives a comprehensive view of the increase and distribution of the insane in institutions since 1889.

GENERAL MOVEMENT OF THE PATIENT POPULATION FOR THE YEAR ENDING SEPTEMBER 30, 1911

Tables 1, 2 and 3 set forth in detail the admissions, discharges and deaths in each institution under the supervision of the Commission. Summarized the following results are shown:

Statistics of the Insane
Movement of patient population

	Civil hospitals	Hospitals for criminal insane	Private institutions	Total
Under treatment October 1, 1910.....	30,445	1,161	1,050	32,656
First admissions.....	5,700	159	369	6,228
Readmissions.....	1,560	6	73	1,639
Transfers.....	679	3	55	737
Total under treatment during year...	38,384	1,329	1,547	41,260
Discharged.....	3,796	97	324	4,217
Died.....	2,886	26	87	2,999
Transferred.....	651	7	75	733
Remaining September 30, 1911.....	31,051	1,199	1,061	33,311

FIRST ADMISSIONS TO THE CIVIL STATE HOSPITALS

During the year ending September 30, 1911 there were 5,700 first admissions to the fourteen State hospitals for the insane, an increase of 136 over the previous year. Table 7 gives the first admissions and readmissions to each hospital during the year. The totals compared with those of 1910 are as follows:

Admissions, 1910 and 1911

STATE HOSPITAL	FIRST ADMISSIONS		READMISSIONS		TOTAL ADMISSIONS	
	1911	1910	1911	1910	1911	1910
Utica.....	283	259	98	62	381	321
Willard.....	192	213	44	31	236	244
Hudson River.....	437	447	102	105	539	552
Middletown.....	183	152	73	75	256	227
Buffalo.....	284	343	99	87	383	430
Binghamton.....	209	192	74	67	283	259
St. Lawrence.....	288	309	95	102	383	411
Rochester.....	273	272	75	87	348	359
Gowanda.....	171	144	57	51	228	195
Mohansic.....	.....	.....	.....	.....	.....	.....
Kings Park.....	736	686	221	224	957	910
Long Island.....	288	260	43	33	331	293
Manhattan.....	1,213	1,632	287	246	1,500	1,278
Central Islip.....	1,143	1,255	292	332	1,435	1,587
Total.....	5,700	5,564	1,560	1,502	7,260	7,066

The number of admissions to the Utica, Middletown, Binghamton, Gowanda, Kings Park, Long Island and Manhattan State Hospitals was greater in 1911 than in 1910 while the number admitted to the other State hospitals was less than in 1910. The largest increase in 1911 was in the Manhattan State Hospital.

Statistics of the Insane
Nativity

Table 8 sets forth in detail the nativity of the first admissions and of the parents of first admissions. Grouped according to nativity, sex and parentage the first admissions appear as follows:

Nativity, sex and parentage of first admissions, 1911

NATIVITY AND PARENTAGE	NUMBER			PER CENT		
	Males	Females	Total	Males	Females	Total
Native born.....	1,565	1,358	2,923	51.94	50.54	51.28
Foreign born.....	1,426	1,311	3,737	47.33	48.79	48.02
Nativity unascertained..	22	18	40	0.73	0.67	0.70
Native born of native parentage.....	663	561	1,224	22.00	20.88	21.47
Native born of foreign or mixed parentage.....	780	701	1,481	25.88	26.09	25.98
Nativity of parents unascertained.....	122	96	218	4.04	3.57	3.82
Total of foreign birth or parentage.....	2,206	2,012	4,218	73.21	74.88	74.0
Total first admissions....	3,013	2,687	5,700	100.0	100.0	100.0

If only the patients whose nativity is ascertained are considered the foreign born constitute 48.36 per cent of the whole number. In 1909 and 1910 the percentages of foreign born first admissions were 46.3 and 46.2 respectively. Of the 5,700 first admissions only 1,224 or 21.47 per cent were native born of native parents, while 1,481 were native born of foreign or mixed parentage. Adding these to the foreign born we have a total of 4,218 patients or 74 per cent of the first admissions that were either foreign born or children of parents one or both of whom were foreign born.

Comparing the percentages of nativity among the first admissions with the percentages among the general population we find that the native born population which constituted 70.1 per cent of the whole contributes 51.28 per cent of the first admissions, while the foreign born population which constitutes 29.9 per cent of the whole contributes 48.02 per cent of the first admissions. The frequency of insanity among the foreign born throughout the State is therefore 2.19 times as great as among the native born.

The number of first admissions and rate of insanity of the various nationalities is shown in the following tabulation:

Statistics of the Insane
Nativity of first admissions and rate of insanity

NATIVITY	Number	Per cent of total first admissions	Rate of first admissions per 100,000 of population, census of 1910
United States.....	2,923	51.3	46
Total foreign born.....	2,737	48.0	100
Austria-Hungary.....	348	6.1	102
Canada.....	119	2.1	97
England and Wales.....	135	2.4	88
France.....	36	0.6	154
Germany.....	488	8.4	111
Ireland.....	586	10.3	159
Italy.....	261	4.6	55
Russia and Poland.....	456	8.0	80
Scandinavia.....	84	1.5	107
Scotland.....	38	0.7	96
All other countries.....	186	3.3	148
Nativity unascertained.....	40	0.7	.....

The rate of insanity among the foreign born of every nationality is higher than among the native born. The difference is even more marked among the 3,221 first admissions who were residents of New York City at the time of admission. Table 9 gives the nativity of the latter. The native born which according to the census of 1910 constitute 59.6 per cent of the population of the metropolis contribute 37 per cent of the first admissions while the foreign born which constitute 40.4 per cent of the general population contribute 63 per cent of the first admissions. The frequency of insanity among the foreign born in New York City is therefore 2.48 times as great as among the native born. A summary of the larger table showing the nativity of the first admissions and of the parents of first admissions from New York City is given in the accompanying tabulation.

First admissions with residence in New York city, classified according to nativity and parentage, year ending September 30, 1911

NATIVITY AND PARENTAGE	NUMBER			PER CENT		
	Males	Females	Total	Males	Females	Total
Native born.....	598	595	1,193	37.0	37.1	37.0
Foreign born.....	1,006	1,000	2,006	63.0	62.9	63.0
Nativity unascertained.....	12	10	22	0.8	0.6	0.7
Native born of native parentage.....	186	172	358	11.5	10.7	11.1
Native born of foreign and mixed parentage.....	366	373	739	22.6	23.6	22.9
Nativity of parentage unascertained.....	46	50	96	2.8	3.1	3.0
Total of foreign birth or parentage.....	1,372	1,373	2,745	84.9	85.5	85.2
Total, first admissions.....	1,616	1,605	3,221	100.0	100.0	100.0

Statistics of the Insane

Only 11.1 per cent of the first admissions were native born with full native parentage.

The rate of insanity among the various nationalities composing the population of New York City is as follows:

Number and rate of first admissions with residence in New York city, classified according to nativity, 1911

NATIVITY	Number of first admissions	Rate of first admissions per 100,000 of population, census of 1910
Native born	1,193	42
Total foreign born.....	2,006	104
Austria-Hungary	281	106
Canada	38	142
Great Britain.....	91	86
Germany.....	350	125
Ireland.....	434	172
Italy.....	193	57
France.....	30	165
Russia.....	379	78

It will be noted that the rates of insanity among the different nationalities in New York City do not vary greatly from those shown for the same nationalities for the whole State. The highest rate is found among natives of Ireland and the lowest among natives of Italy. The nationalities that constitute the earlier immigration have a larger percentage of persons of advanced age than those that constitute the bulk of recent immigration. This fact would account for some of the differences of rate, but to what extent cannot be determined in the absence of reliable statistics giving the population of the State by age groups.

Age

Table 10 gives the ages of the first admissions of the whole State classified according to nativity and Table 11 gives the same data with reference to the first admissions from New York City. Comparing the ages of the native born and foreign born admissions we find no marked differences in the percentages of admissions in the various age groups.

Statistics of the Insane
Age of first admissions classified according to nativity, 1911

AGE GROUP	NATIVE BORN		FOREIGN BORN	
	Number	Per cent of total	Number	Per cent of total
Under 15 years.....	13	0.4	1	.....
15-19 years.....	169	5.6	113	4.1
20-24 years.....	302	10.3	305	11.1
25-29 years.....	332	11.4	343	12.5
30-34 years.....	326	11.2	321	11.7
35-39 years.....	341	11.7	284	10.4
40-44 years.....	294	10.1	305	11.1
45-49 years.....	274	9.4	223	8.1
50-54 years.....	239	8.2	205	7.5
55-59 years.....	181	6.2	141	5.2
60-64 years.....	118	4.0	133	4.9
65-69 years.....	109	3.7	119	4.3
70-74 years.....	88	3.0	102	3.7
75-79 years.....	69	2.4	73	2.7
80 and over.....	56	1.9	50	1.8
Unascertained.....	12	0.4	19	0.7
Total.....	2,923	100.0	2,737	100.0

Among both the native born and the foreign born the highest percentages of first admissions occur in the age groups between 20 and 45 years. Fifty-four and seven-tenths per cent of the native born and 56.8 per cent of the foreign born were admitted between these ages.

Table 12 gives a comparison of the ages of first admissions of various nationalities. The new immigration has relatively many more admissions in the younger age-groups while the older immigration shows a preponderance in the advanced age-groups. These differences no doubt correspond with the differences in average age of the immigrants of these nationalities.

Length of time in the United States before commitment of foreign born first admissions

Table 13 gives the length of time the foreign born first admissions of the State had been in this country before being committed. Table 14 gives the same data with reference to the foreign born first admissions from New York City. A summary of the two tables shows the following results:

Statistics of the Insane

LENGTH OF TIME BEFORE COMMITMENT	PATIENTS RESIDING IN NEW YORK CITY		TOTAL IN NEW YORK STATE	
	Number	Per cent	Number	Per cent
Under 1 month.....	10	0.5	11	0.5
1-2 months.....	21	1.0	24	0.9
3-5 months.....	28	1.4	33	1.2
6-11 months.....	47	2.3	59	2.1
1 year.....	62	3.1	80	2.9
2 years.....	69	3.4	95	3.5
3 years.....	60	3.0	81	3.0
4 years.....	96	4.8	123	4.5
5 years.....	115	5.7	134	4.9
6-9 years.....	221	11.0	276	10.0
10-14 years.....	225	11.2	284	10.4
15-19 years.....	192	9.6	249	9.1
20 years and over.....	778	38.8	1,138	41.6
Unascertained.....	82	4.1	147	5.4
Total.....	2,006	100.0	2,737	100.0

Of the foreign born first admissions from New York City 237 or 11.8 per cent were committed before having been in this country three years and 395 or 19.6 per cent before having been here five years. For the whole State the numbers are 305 or 11.1 per cent and 509 or 18.9 per cent, respectively.

Making a further analysis of Tables 13 and 14 we find that the foreign born first admissions who were committed before being here five years were distributed among the various nationalities as follows:

First admissions of various nationalities committed before having been in the United States five years

	PATIENTS RESIDING IN NEW YORK CITY		TOTAL IN NEW YORK STATE	
	Number	Per cent	Number	Per cent
Austria.....	53	13.5	73	14.3
Canada.....	5	1.3	13	2.5
England and Wales.....	8	2.0	14	2.7
France.....	7	1.8	7	1.4
Germany.....	34	8.7	41	8.1
Hungary and Bohemia.....	28	7.1	32	6.3
Ireland.....	31	7.9	36	7.1
Italy.....	49	12.5	69	13.6
Russia and Poland.....	113	28.8	142	27.9
Scandinavia.....	16	4.1	20	3.9
Scotland.....	3	0.8	6	1.2
All other foreign countries.....	46	11.7	56	11.0
Total.....	393	100.0	509	100.0

Of the 509 early admissions Russia contributed 142 or 27.9, Austria 73 or 14.3 per cent and Italy 69 or 13.6 per cent.

Statistics of the Insane

Literacy of first admissions

Table 15 compares the literacy of the first admissions of various nationalities. The value of the table may be called into question on account of the difficulty experienced in securing satisfactory information concerning the education of some of the foreign born. According to the facts as gathered the foreign born insane are more illiterate than the native born.

Degree of literacy of first admissions, 1911

DEGREE OF LITERACY	Native born	Foreign born	Total
None.....	135	374	509
Reads and writes.....	376	716	1,092
Common school.....	2,091	1,427	3,518
High school.....	236	69	305
Collegiate.....	54	18	72
Unascertained.....	31	133	164
Total.....	2,923	2,737	5,660

Of the foreign born first admissions 374 are reported as having no education as compared with 135 of the native born; 716 foreign born patients merely read and write as compared with 376 native born. Thus 1,090 or 40 per cent of the foreign born first admissions have less than a common school education as compared with 511 or 17.5 per cent of the native born.

The foreign born illiterates are distributed among the various nationalities as follows:

Distribution of foreign born illiterates among first admissions, 1911

COUNTRY	Number	Per cent of total admissions of each country
Austria.....	125	59.4
Canada.....	30	25.2
England and Wales.....	25	18.7
France.....	8	22.2
Germany.....	94	19.2
Hungary and Bohemia.....	51	37.5
Ireland.....	249	42.5
Italy.....	160	53.6
Russia and Poland.....	256	56.1
Scandinavia.....	23	27.6
Scotland.....	4	10.5
All other foreign countries.....	65	35.0
Total.....	1,090	40

Statistics of the Insane

The table shows that the largest percentages of illiterate insane are coming from Austria, Italy and Russia and Poland, the first country leading with a percentage of 59.4 per cent.

Psychoses

Table 16 gives the psychoses of the first admissions of the whole State and Table 17 the psychoses of the first admissions with residence in New York City. The tables show that the foreign born patients are afflicted with the various forms of mental disorder in about the same proportion as the native born. A summary of Table 16 with percentages computed shows the following:

Psychoses of first admissions classified according to nativity, 1911

PSYCHOSIS	NATIVE BORN		FOREIGN BORN	
	Number	Per cent	Number	Per cent
With brain tumor.....	3	0.1	6	0.2
Traumatic.....	7	0.2	7	0.3
Senile.....	274	9.4	306	11.2
Dementia paralytica.....	368	12.6	384	14.0
With other brain or nervous diseases.....	164	5.6	108	3.9
Alcoholic.....	300	10.3	278	10.2
Drug and other toxic.....	19	0.7	8	0.3
Infective-exhaustive and auto-toxic.....	70	2.4	74	2.7
Allied to infective-exhaustive.....	5	0.2	21	0.8
Symptomatic depressions.....	7	0.2	8	0.3
Depressive hallucinoses.....	5	0.2	32	1.2
Involution melancholia.....	94	3.2	49	1.8
Depressions undifferentiated.....	82	2.8	113	4.1
Dementia praecox.....	511	17.5	394	14.4
Allied to dementia praecox.....	38	1.3	80	2.9
Paranoic conditions.....	102	3.5	116	4.2
Manic-depressive.....	310	10.6	324	11.8
Allied to manic-depressive.....	88	3.1	100	3.6
Epileptic.....	94	3.2	39	1.4
Hysterical, psychasthenic and neurasthenic.....	57	1.9	9	0.3
Other constitutional disorders and inferiorities.....	95	3.3	68	2.5
Imbecility and idiocy with insanity.....	62	2.1	20	0.7
Unclassified.....	103	3.5	170	6.2
Not insane.....	65	2.2	23	0.8
Total.....	2,923	100.0	2,737	100.0

The percentages of cases of the principal psychoses do not differ widely from those of 1910.

Statistics of the Insane

Percentages of principal psychoses, 1911 and 1910

PSYCHOSIS	NATIVE BORN		FOREIGN BORN	
	1911	1910	1911	1910
Senile.....	9.4	8.7	11.2	13.7
Dementia paralytica.....	12.6	14.3	14	15.1
Alcoholic.....	10.3	10.9	10.2	10
Dementia praecox.....	17.5	17.2	14.4	14.6
Manic-depressive.....	10.6	9.9	11.8	11.4

The most marked differences in the percentages of the two years are in the senile cases among the foreign born and in the dementia paralytica cases among the native born. The former decreased from 13.7 per cent to 11.2 per cent and the latter from 14.3 to 12.6 per cent.

The percentages of cases of the five principal mental disorders among the first admissions with residence in New York City varied considerably from those above given for the whole State. The following table shows the results obtained by a classification of the patients of the metropolis.

Comparison of frequency of certain psychoses among native born and foreign born first admissions with residence in New York city, 1911

PSYCHOSIS	NATIVE BORN		FOREIGN BORN	
	Number	Per cent	Number	Per cent
Senile.....	58	4.9	183	9.1
Dementia paralytica.....	195	16.3	314	15.7
Alcoholic.....	142	11.9	186	9.3
Dementia praecox.....	232	19.4	279	13.4
Manic depressive.....	122	10.2	266	13.3

Here the senile cases are relatively much less numerous while the parietic cases are more frequent.

A more important comparison is made in the following table which shows the rate among various nationalities of general paralysis and alcoholic insanity per 100,000 of population according to the census of 1910.

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Rates of frequency of dementia paralytica and alcoholic insanity based on first admissions, 1911

COUNTRY OF BIRTH	CASES OF DEMENTIA PARALYTICA				CASES OF ALCOHOLIC INSANITY			
	WHOLE STATE		NEW YORK CITY		WHOLE STATE		NEW YORK CITY	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
United States.....	368	6	195	7	300	5	142	5
Foreign countries...	384	14	314	16	278	10	186	10
Austria-Hungary...	52	15	48	18	24	7	17	6
Canada.....	21	17	8	30	17	14	6	22
England and Wales...	19	12	14	18	24	16	14	18
France.....	7	30	7	38	3	12	3	16
Germany.....	87	20	74	26	44	10	31	11
Ireland.....	51	14	40	16	111	30	85	34
Italy.....	43	9	35	10	13	3	6	2
Russia.....	56	10	51	11	16	3	5	1
Scandinavia.....	11	14	8	14	11	14	9	16
Scotland.....	8	20	7	27	9	23	4	15

Among the native born throughout the State there were six cases of dementia paralytica and five cases of alcoholic insanity per 100,000 of population while among the foreign born there were fourteen of the former and ten of the latter. As these two forms of insanity are due to dissolute habits and are therefore preventable the comparative table is of great significance.

Environment

Table 18 gives the environment of the first admissions at the time of entering the hospital. Of the 5,700 first admissions 4,426 or 77.6 per cent were residents of cities at the time of admission, 828 or 14.5 per cent were residents of villages and only 359 or 6.3 per cent lived in the open country. According to the federal census of 1910, 78.8 per cent of the population of the State is living in cities and incorporated villages of 2,500 inhabitants or more. It is apparent therefore that insanity is relatively more frequent in urban than in rural districts. The environment of 87 or 1.5 per cent of the first admissions could not be ascertained. Grouped according to nativity the environment of these patients appears as follows:

Statistics of the Insane

Environment of first admissions classified according to nativity, 1911

ENVIRONMENT	NATIVE BORN		FOREIGN BORN	
	Number	Per cent	Number	Per cent
City.....	1,973	67.5	2,427	88.7
Village.....	634	21.7	186	6.8
Rural.....	283	9.7	75	2.7
Unascertained.....	33	1.1	49	1.8
Total.....	2,923	100	2,737	100

As the immigrants who come to the State mainly settle in the cities we should expect to find a preponderance of city dwellers among the foreign born first admissions. The above table shows such to be the case. Only 2.7 per cent of the foreign born first admissions came from the rural districts.

Family History

Table 19 shows the family history of the first admissions classified with reference to psychoses. The percentages of first admissions with history of insanity and nervous diseases and alcoholism are nearly the same as in 1910, although this year the returns of all the hospitals were included in the table. The totals for 1911 are as follows:

Family history of first admissions

	Number	Per cent of ascertained cases
Cases with history of insanity.....	1,184	27.7
Cases with history of nervous diseases, alcoholism, etc.	981	22.9
Cases with no history of insanity, nervous diseases, etc.	2,116	49.4
Total ascertained cases	4,281	100
Family history unascertained	1,419	

Statistics of the Insane

In 50.6 per cent of the ascertained cases an unfavorable family history was found. A considerable number of these patients have had or now have relatives in the State hospitals.

Heredity seems of more significance in certain psychoses than in others. This is shown by the following comparison:

Psychoses with a high percentage of cases with family history of insanity or nervous diseases

PSYCHOSIS	Percentage of cases with history of insanity, nervous diseases, etc.
Dementia praecox	59.2
Involution melancholia	61.6
Alcoholic	54.2
Allied to manic-depressive	56.7
Epileptic	60.2
Hysterical, psychasthenic, neurasthenic	61.9
Other constitutional disorders and inferiorities	57.8
Imbecility and idiocy with insanity	58.5

Psychoses with low percentage of cases with history of insanity or nervous diseases

Senile	41.7
Dementia paralytica	38.4
Infective-exhaustive and auto-toxic	41.7
Allied to infective-exhaustive	33.3
Paranoic conditions	46.1
Depressive hallucinoses	37.5

While the figures are not conclusive they would seem to indicate that heredity is a strong factor in the etiology of certain types of insanity and much less of a factor in that of other types.

Use of alcohol by first admissions

Table 20 shows the use of alcohol by first admissions. Three classes are distinguished. (1) Cases of temperate, moderate or non-use of alcohol; (2) Cases of intemperate use of alcohol but in which alcohol is not an assigned etiological factor; (3) Cases in which alcohol is an assigned etiological factor. Of the 5,700

Statistics of the Insane

first admissions 3,965 or 69.6 per cent were reported as temperate or nonusers of alcohol; 473 or 8.3 per cent, as intemperate and 911 or 16 per cent as having caused their mental disorder in part at least by the use of alcohol. The habits of 341 or 6 per cent with respect to the use of alcohol were not ascertained. While the importance of alcohol as a cause of insanity cannot be questioned the studies thus far made of the subject cannot be considered satisfactory. The terms *temperate*, *moderate* and *intemperate* are not uniformly used in supplying data and in some cases the sources of information are not reliable.

Distribution of psychoses in the various hospitals

Table 21 gives the psychoses of the first admissions to each of the civil State hospitals. An analysis of the table will show that there is a wide variation in the relative number of cases of the different psychoses admitted to the separate hospitals. The accompanying table shows the variation in the percentages of the principal psychoses.

Percentages of cases of certain psychoses among first admissions to each of the State hospitals

STATE HOSPITAL	Senile	Dementia paralytica	Alcoholic insanity	Dementia praecox	Manic- depressive
Utica.....	18.7	4.2	13.1	15.8	10.9
Willard.....	12.5	10.0	5.7	17.2	7.3
Hudson River.....	10.3	11.9	8.9	26.1	11.7
Middletown.....	13.7	7.1	7.7	12.0	7.1
Buffalo.....	14.1	12.3	19.6	11.3	12.7
Binghamton.....	25.8	8.1	5.3	6.7	8.6
St. Lawrence.....	15.3	8.0	8.7	9.0	14.6
Rochester.....	10.3	7.3	11.7	17.9	4.7
Gowanda.....	9.4	17.5	8.8	20.5	9.9
Kings Park.....	5.6	11.7	6.7	23.0	13.7
Long Island.....	21.5	9.7	13.2	8.3	6.9
Manhattan.....	7.2	10.6	10.3	11.1	13.9
Central Islip.....	5.6	25.8	11.2	18.6	9.9
All hospitals.....	10.2	13.3	10.2	16.0	11.2

Of the senile cases Utica, Binghamton and Long Island have high percentages and Kings Park and Central Islip low. Of the cases of paresis Central Islip and Gowanda have high percentages and Utica, Middletown and Rochester low. Of the alcoholics Utica, Buffalo and Long Island have high percentages while Willard, Binghamton and Kings Park have low. Hudson River

Statistics of the Insane

has 26.1 per cent of dementia præcox cases while Binghamton has but 6.7 per cent. The percentages of manic-depressive insanity range from 14.6 in St. Lawrence to 4.7 in Rochester.

The causes of such wide variation in the nature of mental disorders in the various parts of the State are not fully known. The influence of environment accounts for some of the differences but not all; for example, Utica and Binghamton receive patients from much the same environment, still Utica receives 13.1 per cent of alcoholic cases and Binghamton only 5.3 per cent. The unusually high percentage of dementia præcox cases at Hudson River cannot be accounted for by environment or by any other known cause. Many of the other exceptional percentages are likewise inexplicable.

READMISSIONS

Nativity and parentage

Table 22 gives a classification according to nativity and parentage of the readmissions of the whole State and table 23 the same classification of the readmissions with residence in New York city. Of the 1,560 readmissions of the whole State, 984 or 63.1 per cent were native born and 573 or 36.7 per cent were foreign born. The nativity of 3 patients could not be ascertained. Of the 806 readmissions who were residents of New York City at the time of readmission, 387 or 48 per cent were native born and 416 or 51.6 per cent were foreign born.

Comparing the nationality of the readmissions with that of the first admissions we note that the foreign born are relatively less numerous among the readmissions. The numbers and percentages for the whole State and for New York City are as follows:

Comparison of first admissions and readmissions with respect to nativity

	WHOLE STATE				NEW YORK CITY			
	NATIVE BORN		FOREIGN BORN		NATIVE BORN		FOREIGN BORN	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
First admissions.....	2,923	51.28	2,737	48.2	1,193	37.0	2,006	63.0
Readmissions.....	984	63.1	573	36.7	387	48.0	416	51.6
Total, nativity ascertained.....	3,907	53.8	3,310	45.6	1,580	39.2	2,422	60.1

NOTE.—The nativity of 40 first admissions and 3 readmissions was unascertained. The percentages are based on the totals including the unascertained.

Statistics of the Insane

Both parents of 396 or 25.4 per cent of the whole number of readmissions were native born. Of those living in New York City only 100 or 12.4 per cent were of full native parentage.

Age of readmissions

Table 24 gives the ages of the readmissions of the whole State classified according to nativity and Table 25 the ages of those from New York City. That the native born readmissions average somewhat younger than the foreign born is shown by the relative numbers in the different age-groups. In the age-groups under 30 years are found 252 or 25.6 per cent of the native born and 124 or 21.6 per cent of the foreign born in the age-groups above 50 years, 258 or 26.2 per cent of the native born and 173 or 30.2 per cent of the foreign born. Among the New York City readmissions the difference in age is still more marked.

Literacy of readmissions

Table 26 gives the literacy of readmissions classified according to nativity. Of the native born 115 or 11.7 per cent and of the foreign born 197 or 34.4 per cent are reported as having less than a common school education.

Psychoses of readmissions

Table 27 gives the psychoses of all readmissions classified according to nativity. Table 28 gives similar data with reference to the patients readmitted from New York City. A comparison of the principal psychoses among the native born and the foreign born readmissions shows the following results:

Comparison of principal psychoses among native born and foreign born readmissions

PSYCHOSIS	NATIVE BORN		FOREIGN BORN	
	Number	Per cent	Number	Per cent
Dementia paralytica.....	51	5.2	38	6.6
Alcoholic.....	73	7.4	39	6.8
Dementia præcox.....	204	20.7	92	16.1
Paranoic conditions.....	39	4.0	32	5.6
Manic-depressive.....	297	30.2	208	36.3
Allied to manic-depressive.....	43	4.4	46	8.0
Other constitutional disorders and inferiorities.....	56	5.7	12	2.1

Statistics of the Insane
Environment of readmissions

Table 29 gives the environment of admissions classified according to nativity. A summary of the table shows the following:

Environment of readmissions

	NATIVE BORN		FOREIGN BORN	
	Number	Per cent	Number	Per cent
City	666	67.7	592	87.6
Village.....	211	21.4	43	7.5
Rural.....	97	9.9	19	3.3
Unascertained.....	10	1	9	1.6
Total.....	984	100	573	100

The percentages differ but slightly from those obtained with reference to the environment of first admissions.

DEATHS

Table 30 gives the deaths of patients in the State hospitals classified according to psychoses. Of the 2886 patients who died 1,511 were males and 1,375 females. The death rate per thousand under treatment was 75.2. The death rate among the males was 82.1 and among the females 68.8. More than 60 per cent of the deaths were of senile, parietic and dementia precox cases.

The average age at death and the average time in hospitals for the insane of the patients dying in each of the State hospitals is given in Table 31. The general average age of all the patients dying was 54.6 years; of all the males, 53.2 years and of all the females 56 years. The average time spent in hospitals for the insane by the patients who died was 6 years, of the males, 5.1 years and of the females, 7 years. In the Willard State Hospital the average time spent in hospitals for the insane by the deceased patients was reported as 11.9 years while in the Long Island State Hospital it was reported as 1.9 years.

As a considerable number of senile and parietic cases die shortly after reaching the hospital the average time spent in the hospital of those dying is considerably less than that of the living population of the hospitals.

The deaths of patients in each of the State hospitals classified according to quinquennial age groups is given in table 32. The largest number of deaths occur in the age-groups 50-54 years,

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although there is an almost even distribution of deaths in each age group from 35 to 75 years. The patients dying in Manhattan and Central Islip State Hospitals average younger than in the other State hospitals.

The assigned causes of death of patients are shown in table 33. A brief summary of the table shows the following results.

Principal causes of death of patients

	Number	Per cent.
Pulmonary tuberculosis	370	12.8
Cerebral hemorrhage	98	3.4
Exhaustion from mental disease.....	120	4.2
General paralysis of insane.....	497	17.2
Epilepsy	62	2.1
Endocarditis	148	5.1
Organic disease of heart.....	182	6.3
Arteriosclerosis	239	8.3
Bronchopneumonia	277	9.6
Lobar pneumonia	233	8.0
Nephritis	115	4.0
All other causes.....	545	18.9
<hr/>		
Total	2,886	100.0
<hr/> <hr/>		

DISCHARGES

A classification of discharges with reference to psychoses and mental condition at the time of discharge is given in table 34. Of the 1,698 cases discharged as recovered 348 or 20.5 per cent were cases of alcoholic insanity and 716 or 42.1 per cent were manic-depressives. Cases of allied to manic-depressive insanity, of involution melancholia and of depressions undifferentiated also showed a high rate of recovery. Many of the patients discharged as unimproved were returned to their homes in other states or countries by the State Board of Alienists.

RESIDENCE BY COUNTIES OF INSANE

Table 35 gives the residence by counties of the first admissions to the State hospitals for the year ending September 30, 1911 and of the insane patients remaining under treatment September

Statistics of the Insane

30, 1911. The rate of first admissions per 100,000 of population was 60.8 as compared with 61 the preceding year. The rate of insane in the civil hospitals per 100,000 of population was 331 as compared with 334 in 1910.

The counties having high rates of first admissions were: Chango, 99.2; Dutchess, 91.5; Herkimer, 70; New York, 72.2; Oneida, 69.2; Ontario, 72.7; and Schuyler, 87.3. Those having low rates were: Hamilton, 0; Greene, 16.6; Lewis, 28.7; Cortland, 30.8; Nassau, 33.1; Queens, 35.4; and Warren, 24.7.

Such remarkable differences of rate cannot, at the present time, be satisfactorily explained. As the rate of first admissions from the sparsely settled counties varies considerably from year to year, the rate of insane under treatment in the hospitals would be a better index of the prevalence of insanity in any county. The counties having high rates of insane in the State hospitals were: Albany, 448; Chemung, 429; Dutchess, 462; Ontario, 421; Rensselaer, 475 and Schuyler, 531. Those having low rates were: Nassau, 95; Hamilton, 111; Queens, 157; Orleans, 205 and Schenectady, 205.

CHARTS

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CHART 1.--Insanity rate per 100,000 of population (Census 1910) of various nationalities in New York State, based on first admissions to the State hospitals, 1911

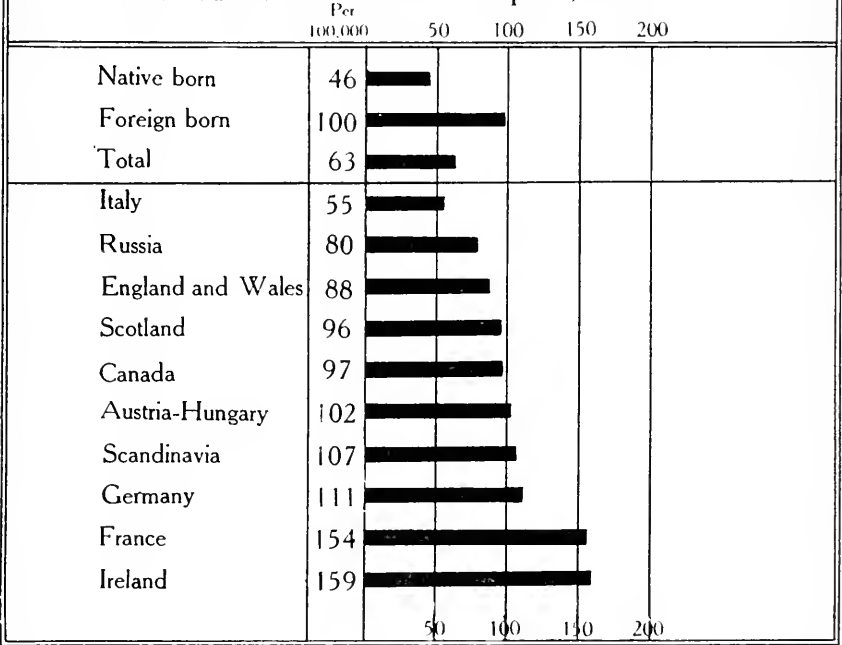


CHART 2. Rate of frequency of general paralysis per 100,000 of population of various nationalities residing in New York City and State, based on first admissions to the State hospitals, 1911

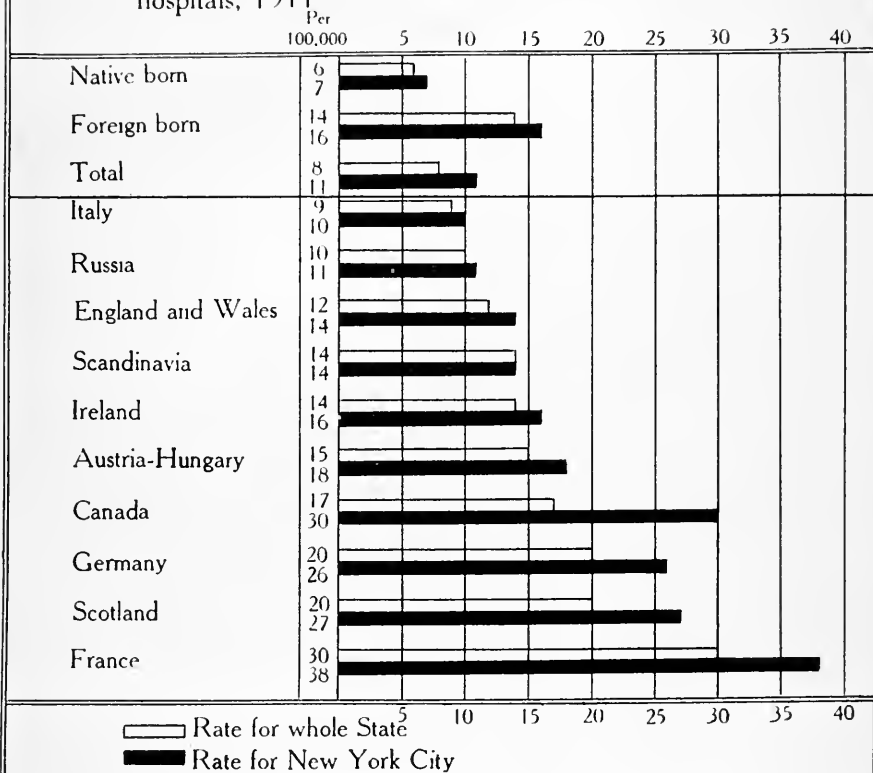
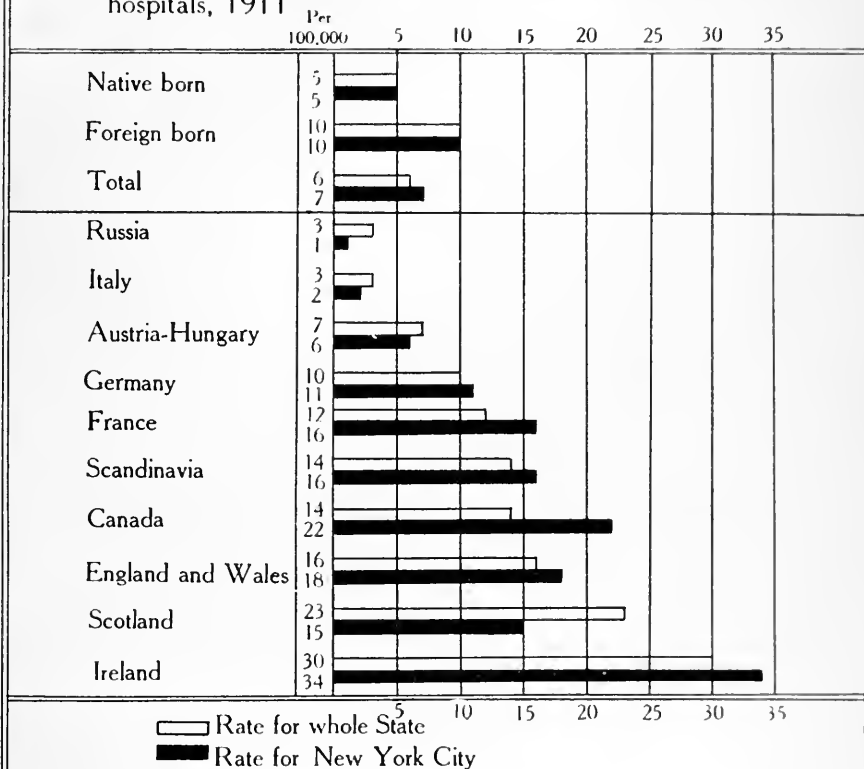


CHART 3.—Rate of frequency of alcoholic insanity per 100,000 of population of various nationalities residing in New York City and State, based on first admissions to the State hospitals, 1911



STATISTICAL TABLES

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Statistics of the Insane

TABLE 1 — General statistics of the State hospitals for the insane for the year ending September 30, 1911

	UTICA			WILLARD			HUDSON RIVER			MIDDLETOWN		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	689	743	1,432	1,159	1,219	2,378	1,309	1,717	3,017	663	1,225	1,888
Admitted during the year:												
By commitment:												
First admissions.....	160	112	272	92	94	186	220	187	407	100	78	178
Readmissions.....	56	40	96	23	20	43	42	47	89	30	33	63
Voluntary:												
First admissions.....	8	3	11	2	4	6	17	13	30	2	3	5
Readmissions.....	1	1	2	.....	1	1	6	7	13	5	5	10
By transfer from other institutions for the insane.....	5	11	16	55	52	107	43	33	76	70	46	116
Total admitted during the year.....	230	167	397	172	171	343	328	287	615	207	165	372
Total under treatment during the year.....	919	910	1,829	1,331	1,390	2,721	1,628	2,004	3,632	870	1,390	2,260
Average daily population.....	725	766	1,491	1,147	1,229	2,376	1,297	1,690	2,987	739	1,265	2,004
Rated capacity of the institution.....	718	725	1,443	1,147	1,175	2,322	1,242	1,583	2,825	712	1,236	1,948
Discharged during the year:												
As recovered.....	42	39	81	39	23	62	62	48	110	48	41	89
As much improved*.....	7	6	13	7	1	8	12	24	36	7	6	13
As improved*.....	28	24	52	9	15	24	19	28	47	9	19	28
As unimproved*.....	20	11	31	14	3	17	23	19	42	5	6	11
As not insane:												
Inebriates.....	.....	1	1	1	.....	1	11	1	12	.....	.....	.....
Drug habits.....	.....	.....	.....	.....	.....	.....	3	.....	3	.....	.....	.....
Others not insane.....	1	.....	1	4	.....	4	11	46	11	1	.....	.....
Died.....	77	49	126	101	107	208	138	175	313	51	45	96
Transferred to other institutions for the insane.....	2	.....	2	8	2	10	42	5	47	8	4	12
Total discharged during the year.....	177	130	307	183	151	334	315	306	621	129	123	252
Remaining under treatment:												
Committed patients:												
Supported by the State.....	674	668	1,342	1,100	1,181	2,281	1,204	1,539	2,743	620	1,085	1,714
Reimbursing patients.....	55	87	142	46	56	96	81	131	212	55	104	159
Private patients.....	12	21	33	.....	3	3	7	13	20	55	74	129
Voluntary patients:												
Supported by the State.....	1	2	3	2	3	5	21	15	36	2	4	6
Reimbursing patients.....	.....	2	2	.....	2	2	.....	.....	.....	.....	.....	.....
Total remaining on books September 30, 1911.....	742	780	1,522	1,148	1,239	2,387	1,313	1,698	3,011	741	1,267	2,008
Number borne on parole September 30, 1911.....	24	27	51	25	30	55	20	16	36	22	26	48
Average number on parole during the year.....	20	26	46	28	23	51	14	11	25	17	21	38

* Exclusive of transfers.

† Includes one unclassified.

Table 1 — General statistics of the State hospitals for the insane — (Continued)

Statistics of the Insane

	BUFFALO			BINGHAMTON			ST. LAWRENCE			ROCHESTER		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	902	1,112	2,014	1,391	970	2,361	901	1,036	1,937	577	853	1,430
Admitted during the year:												
By commitment:												
First admissions.....	153	112	265	104	100	204	139	111	250	137	124	261
Readmissions.....	37	38	75	40	32	72	40	38	78	31	34	65
Voluntary:												
First admissions.....	14	5	19	2	3	5	23	15	38	4	8	12
Readmissions.....	6	18	24	.....	2	2	7	10	17	4	6	10
By transfer from other institutions for the insane.....	4	7	11	53	3	56	1	2	3	7	4	11
Total admitted during the year.....	214	180	394	199	140	339	210	176	386	183	176	359
Total under treatment during the year.....	1,116	1,292	2,408	1,590	1,110	2,700	1,111	1,242	2,353	760	1,029	1,789
Average daily population.....	930	1,116	2,046	1,427	976	2,403	913	1,058	1,971	588	870	1,458
Rated capacity of the institution.....	771	1,073	1,844	1,443	885	2,328	777	1,028	1,805	500	805	1,305
Discharged during the year:												
As recovered.....	63	50	113	36	26	62	47	47	94	45	47	92
As much improved*.....	14	4	18	16	12	28	24	11	35	4	7	11
As improved*.....	24	40	64	19	17	36	29	20	49	32	23	55
As unimproved*.....	10	9	19	6	3	9	15	8	23	12	4	16
As not insane:												
Inebriates.....	13	1	14	2	.....	2	2	.....	2	.....	.....	.....
Drug habits.....	1	2	3	1	.....	1	2	.....	.....	.....	.....	.....
Others not insane.....	1	3	4	.....	2	2	10	8	18	1	.....	1
Died.....	93	78	171	107	71	178	70	70	140	77	75	152
Transferred to other institutions for the insane.....	2	5	7	3	4	7	6	6	12	.....	3	3
Total discharged during the year.....	221	192	413	190	135	325	205	180	385	171	159	330
Remaining under treatment:												
Committed patients:												
Supported by the State.....	795	949	1,744	1,351	893	2,244	832	935	1,767	546	772	1,318
Reimbursing patients.....	75	118	193	46	76	122	51	94	145	33	87	120
Private patients.....	9	14	23	2	2	4	7	7	14	1	4	5
Voluntary patients:												
Supported by the State.....	16	12	28	1	3	4	14	19	33	9	5	14
Reimbursing patients.....	.....	7	7	.....	1	1	2	7	9	.....	2	2
Total remaining on books September 30, 1911.....	895	1,100	1,995	1,400	975	2,375	906	1,062	1,968	589	870	1,459
Number home on parole September 30, 1911.....	32	28	60	21	19	40	41	39	80	32	32	64
Average number on parole during the year.....	50	50	100	7	7	14	35	46	81	30	33	63

* Exclusive of transfers.

Statistics of the Insane

Table 1 — General statistics of the State hospitals for the insane — (Continued)

	GOWANDA			MOHANSIC			KINGS PARK			LONG ISLAND		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	559	520	1,079	12	.....	12	1,306	1,985	3,291	313	440	753
Admitted during the year:												
By commitment:												
First admissions.....	119	49	168	.....	.....	.....	365	369	734	97	178	275
Readmissions.....	36	13	49	.....	.....	.....	106	113	219	13	18	31
Voluntary:												
First admissions.....	3	.....	3	.....	.....	.....	2	.....	2	8	5	13
Readmissions.....	4	4	8	.....	.....	.....	1	.....	2	2	10	12
By transfer from other institutions for the insane.....	3	1	4	45	2	47	20	79	99	17	18	35
Total admitted during the year.....	165	67	232	45	2	47	494	562	1,056	137	229	366
Total under treatment during the year.....	724	587	1,311	57	2	59	1,800	2,547	4,347	450	669	1,119
Average daily population.....	581	519	1,100	21	1	22	1,359	2,036	3,395	315	444	759
Rated capacity of the institution.....	527	445	972	50	1	51	1,156	1,678	2,834	333	301	634
Discharged during the year:												
As recovered.....	40	19	59	1	.....	1	61	136	197	37	58	95
As much improved*.....	4	1	5	1	.....	1	20	27	47	6	6	12
As improved*.....	18	8	26	2	.....	2	41	45	86	7	11	18
As unimproved*.....	13	11	24	1	.....	1	39	39	78	8	8	16
As not insane:												
Inebriates.....	4	1	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Drug habitues.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Others not insane.....	2	1	3	.....	.....	.....	2	.....	2	3	.....	3
Died.....	44	29	73	.....	.....	.....	149	165	314	62	71	133
Transferred to other institutions for the insane.....	4	3	7	5	1	6	94	93	187	10	74	84
Total discharged during the year.....	129	73	202	10	1	11	406	505	911	133	228	361
Remaining under treatment:												
Committed patients:												
Supported by the State.....	563	481	1,044	46	1	47	1,267	1,825	3,092	275	317	622
Reimbursing patients.....	30	30	60	1	.....	1	126	217	343	30	88	127
Private patients.....	1	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Voluntary patients:												
Supported by the State.....	1	1	2	.....	.....	.....	1	.....	1	3	6	9
Reimbursing patients.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total remaining on books September 30, 1911.....	595	514	1,109	47	1	48	1,394	2,042	3,436	317	441	758
Number home on parole September 30, 1911.....	6	1	7	1	.....	1	45	19	64	5	4	9
Average number on parole during the year.....	7	4	11	2	.....	2	33	25	58	5	6	11

* Exclusive of transfers.

Table 1 — General statistics of the State hospitals for the insane — (Concluded)

	MANHATTAN			CENTRAL ISLIP			ALL HOSPITALS		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	1,897	2,688	4,585	2,583	1,655	4,238	14,252	16,193	30,445
Admitted during the year:									
By commitment:									
First admissions.....	584	603	1,187	635	503	1,138	2,905	2,620	5,525
Readmissions.....	128	126	254	123	165	288	705	717	1,422
Voluntary:									
First admissions.....	18	8	26	5	.....	5	108	67	175
Readmissions.....	14	19	33	3	1	4	53	85	138
By transfer from other institutions for the insane.....	29	28	57	25	16	41	377	302	679
Total admitted during the year.....	773	784	1,557	791	685	1,476	4,148	3,791	7,939
Total under treatment during the year.....	2,670	3,472	6,142	3,374	2,340	5,714	18,400	19,984	38,384
Average daily population.....	1,877	2,744	4,621	2,589	1,727	4,316	14,508	16,441	30,949
Rated capacity of the institution.....	1,287	2,313	3,600	2,504	1,492	3,996	13,167	14,740	27,907
Discharged during the year:									
As recovered.....	153	187	340	163	140	303	837	861	1,698
As much improved*.....	21	57	78	121	52	173	264	214	478
As improved*.....	70	95	165	123	99	222	430	454	884
As unimproved*.....	103	81	184	67	71	138	336	273	609
As not insane:									
Inebriates.....	.....	.....	.....	.....	.....	.....	33	5	38
Drug habits.....	1	1	2	.....	.....	.....	7	4	11
Others not insane.....	17	9	26	1	1	2	48	30	78
Died.....	265	263	528	277	177	454	1,511	1,375	2,885
Transferred to other institutions for the insane.....	155	67	222	25	20	45	364	287	651
Total discharged during the year.....	784	760	1,544	777	500	1,337	3,830	3,503	7,333
Remaining under treatment:									
Committed patients:									
Supported by the State.....	1,745	2,608	4,353	2,463	1,633	4,096	13,490	14,917	28,407
Reimbursing patients.....	130	97	227	125	148	273	893	1,327	2,220
Private patients.....	.....	.....	.....	.....	.....	.....	94	140	234
Voluntary patients:									
Supported by the State.....	8	7	15	8	.....	8	87	77	164
Reimbursing patients.....	3	.....	3	.....	.....	.....	5	21	26
Total remaining on books September 30, 1911.....	1,886	2,712	4,598	2,596	1,781	4,377	14,509	16,482	31,051
Number home on parole September 30, 1911.....	35	33	68	60	68	128	369	342	711
Average number on parole during the year.....	64	79	143	77	65	142	3,872	396	783

* Exclusive of transfers.

TABLE 2 — General statistics of the licensed private institutions for the insane (committed cases only) for the year ending September 30, 1911

	BLOOMINGDALE			PROVIDENCE RETREAT			MARSHALL SANITARIUM			LONG ISLAND HONE		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	155	171	326	34	92	126	17	27	44	35	50	85
Admitted during the year:												
By commitment:												
First admissions.....	21	30	51	24	35	59	4	2	6	12	8	20
Readmissions.....	8	16	24	2	6	8	.....	.....	.....	3	5	8
Voluntary cases committed.....	.....	.....	.....	.....	.....	.....	4	6	10	.....	1	1
By transfer from other institutions for the insane.....	3	7	10	.....	3	3	1	.....	1	3	4	7
Total admitted during the year.....	32	53	85	26	44	70	9	8	17	18	18	36
Total under treatment during the year.....	187	224	411	60	136	196	26	35	61	53	68	121
Average daily population.....	147	160	307	35	92	127	15	27	42	34	50	84
Discharged during the year:												
As recovered.....	6	17	23	5	11	16	1	1	2	2	6	8
As much improved*.....	.....	2	2	2	2	4	.....	.....	.....	.....	.....	.....
As improved*.....	13	8	21	3	9	12	2	4	6	5	2	7
As unimproved*.....	2	10	12	7	5	12	.....	.....	.....	4	1	5
As not insane.....	.....	1	1	.....	.....	.....	1	.....	1	.....	.....	.....
Died.....	13	10	23	2	10	12	3	3	6	3	4	7
Transferred to other institutions for the insane.....	3	4	7	3	3	6	4	.....	4	8	1	9
Total discharged during the year.....	37	50	87	22	40	62	11	8	19	22	14	35
Total remaining on books, September 30, 1911.....	150	174	324	38	95	133	15	27	42	31	54	85
Number on parole September 30, 1911.....	8	5	13	.....	.....	.....	.....	2	2	.....	.....	.....
Average number on parole during the year.....	7	7	14	.....	.....	.....	1	1	2	1	1	2

* Not including transfers.

Table 2 — General statistics of the licensed private institutions for the insane (committed cases only) — (Continued)

	BRIGHAM HALL			SANFORD HALL			ST. VINCENT RETREAT			BREEZEHURST TERRACE		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	19	28	47	13	20	33	.....	114	114	8	15	23
Admitted during the year:												
By commitment:												
First admissions.....	17	13	30	2	5	7	.....	4	4	4	2	6
Readmissions.....	.....	.....	.....	1	3	4	.....	12	12	.....	.....	.....
Voluntary cases committed.....	4	5	9	.....	.....	.....	.....	.....	.....	.....	3	3
By transfer from other institutions for the insane.....	2	1	3	.....	.....	.....	.....	4	4	.....	.....	.....
Total admitted during the year.....	23	19	42	3	8	11	.....	20	20	4	5	9
Total under treatment during the year.....	42	47	89	16	28	44	.....	134	134	12	20	32
Average daily population.....	21	27	48	13	21	34	.....	113	113	8	16	24
Discharged during the year:												
As recovered.....	3	4	7	.....	1	1	.....	4	4	.....	1	1
As much improved*.....	1	2	3	.....	1	1	.....	.....	.....	.....	.....	.....
As improved*.....	7	4	11	1	4	5	.....	4	4	.....	3	3
As unimproved*.....	.....	1	1	1	1	2	.....	2	2	1	.....	1
As not insane.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Died.....	5	1	6	1	2	3	.....	7	7	2	.....	2
Transferred to other institutions for the insane.....	2	4	6	1	.....	1	.....	6	6	1	1	2
Total discharged during the year.....	18	16	34	4	9	13	.....	23	23	4	5	9
Total remaining on books, September 30, 1911.	24	31	55	12	19	31	.....	111	111	8	15	23
Number on parole September 30, 1911.....	1	3	4	.....	.....	.....	.....	6	6	.....	.....	.....
Average number on parole during the year.....	1	2	3	.....	.....	.....	.....	4	4	.....	1	1

* Not including transfers.

Table 2 — General statistics of the licensed private institutions for the insane (committed cases only) — (Continued)

	WALDENHURST			GREENMONT-ON-THE-HUDSON			DR. MACDONALD'S HOUSE			THE PINES		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	4	2	6	1	1	2	7	10	17	1	7	8
Admitted during the year:												
By commitment:												
First admissions.....	3	2	5	1	.....	1	3	1	4	1	.....	1
Voluntary cases committed.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
By transfer from other institutions for the insane.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Total admitted during the year.....	3	2	5	2	.....	2	4	1	5	1	.....	1
Total under treatment during the year.....	7	4	11	3	1	4	11	11	22	2	7	9
Average daily population.....	4	3	7	.....	.....	2	8	9	17	2	7	9
Discharged during the year:												
As recovered.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
As much improved*.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
As improved*.....	3	3	6	1	.....	1	2	2	4	.....	.....	.....
As unimproved*.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
As not insane.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Died.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Transferred to other institutions for the insane.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Total discharged during the year.....	4	.....	4	2	.....	2	3	2	5	.....	1	1
Total remaining on books, September 30, 1911.....	3	4	7	1	1	2	8	9	17	2	6	8
Number on parole September 30, 1911.....	.....	.....	.....	.....	.....	.....	1	1	2	.....	.....	.....
Average number on parole during the year.....	.....	.....	.....	.....	.....	.....	1	1	2	.....	.....	.....

*Not including transfers.

Table 2 — General statistics of the licensed private institutions for the insane (committed cases only) — (Continued)

	VERNON HOUSE			INTERPINES			GLENMARY			RIVER CREST		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	1	2	3	1	14	15	3	15	18	57	52	109
Admitted during the year:												
By commitment:												
First admissions.....		1	1	2	4	6						
Readmissions.....		1	1	1		1				35	43	78
Voluntary cases committed.....	1		1							2	5	7
By transfer from other institutions for the insane.....												
Total admitted during the year.....	1	2	3	3	4	7				10	7	17
Total under treatment during the year.....	2	4	6	4	18	22	3	15	18	47	55	102
Average daily population.....	1	3	4	2	12	14	3	13	16	55	52	107
Discharged during the year:												
As recovered.....				1	1	2				4	8	12
As much improved*.....								1	1	4	12	16
As improved*.....					3	3				18	18	36
As unimproved*.....		1	1	1		1				10	6	16
As not insane.....												
Died.....				1		1						
Transferred to other institutions for the insane.....										6	4	10
Total discharged during the year.....		1	1	3	4	4		3	3	4	4	8
Total remaining on books September 30, 1911.....					8	11			4	46	52	98
Number on parole September 30, 1911.....	2	3	5	1	10	11	3	11	14	58	55	113
Average number on parole during the year.....										5	4	9
										5	4	9

* Not including transfers.

Table 2 — General statistics of the licensed private institutions for the insane (committed cases only) — (Continued)

	Dr. COMBES' SANITARIUM			Dr. KELLOGG'S HOUSE			KNICKERBOCKER HALL			Dr. BOND'S HOUSE		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Remaining October 1, 1910.....	13	22	35		2	2		17	17	4	3	7
Admitted during the year:												
By commitment:												
First admissions.....	15	17	32					8	8	3		3
Readmissions.....	2	3	5					2	2			
Voluntary cases committed.....								3	3		3	3
By transfer from other institutions for the insane.....	4	1	5					2	2	1		1
Total admitted during the year.....	21	21	42					15	15	4	3	7
Total under treatment during the year.....	34	43	77		2	2		32	32	8	6	14
Average daily population.....	13	22	35		2	2		21	21	1	3	4
Discharged during the year:												
As recovered.....	4	6	10					4	4	2		2
As much improved*.....	2		2							1		1
As improved*.....	5	7	12					2	2	2	1	3
As unimproved*.....	2	2	4					1	1			
As not insane.....												
Died.....	2	2	4					1	1	1		1
Transferred to other institutions for the insane.....	5	4	9					1	1	1	2	3
Total discharged during the year.....	20	21	41					9	9	7	4	11
Total remaining on books September 30, 1911..	14	22	36		2	2		23	23	1	2	3
Number on parole September 30, 1911.....	1	1	2					3	3			
Average number on parole during the year.....	1	1	2					1	1	1		1

* Not including transfers.

TABLE 3 — General statistics of the State hospitals for the criminal insane for the year ending September 30, 1911

	MATTEAWAN			DANEMORA			TOTAL	
	Males	Females	Total	Males	Females	Total	Males	Females
Remaining October 1, 1910.....	641	138	779	382	.....	382	1,023	138
Admitted during the year:								
First admissions.....	67	10	77	82	.....	82	149	10
Readmissions.....	4	.....	4	2	.....	2	6	.....
By transfer from other institutions from the insane.....	3	.....	3	.....	.....	.....	3	.....
Total admitted during the year.....	74	10	84	84	.....	84	158	10
Total under treatment during the year.....	715	148	863	466	.....	466	1,181	148
Average daily population.....	655	131	789	394	.....	394	1,019	131
Rated capacity of the institution.....	470	120	590	335	.....	335	805	120
Discharged during the year:								
As recovered.....	19	.....	19	35	.....	35	54	.....
As much improved*.....	.....	.....	.....	.....	.....	.....	.....	.....
As improved*.....	14	9	23	9	.....	9	23	9
As unimproved*.....	6	3	9	.....	.....	.....	6	3
As not insane.....	1	.....	1	1	.....	1	2	.....
Died.....	14	1	15	11	.....	11	25	1
Transferred to other institutions for the insane.....	.....	.....	.....	7	.....	7	7	.....
Total discharged during the year.....	54	13	67	63	.....	63	117	13
Total remaining under treatment September 30, 1911.....	661	135	796	403	.....	403	1,064	135
Number at home on parole September 30, 1911.....	1	.....	.....	.....	.....	.....	1	.....
Average number on parole during the year.....	1	.....	.....	.....	.....	.....	1	.....

* Exclusive of transfers.

TABLE 4 — Number of patients in institutions for the insane in New York State, annual increase and ratio of patients to population 1889—1911

Year*	NUMBER OF PATIENTS										INCREASE OVER PRECEDING YEAR				NUMBER OF PATIENTS TO EACH 100,000 POPULATION		Percentage increase over preceding year of ratio of insanity to population	
	STATE HOSPITALS†					PRIVATE INSTITUTIONS					CRIMINAL INSANE		TOTAL		Males	Females		Total
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total						
1889.....	6,687	7,718	14,405	326	523	849	203	16	219	7,216	8,257	15,473	293	240	533	239.3	270.9	255.2
1890.....	6,961	7,991	14,952	330	488	818	218	18	236	7,509	8,497	16,006	344.7	297	533	244.7	273.9	259.3
1891.....	7,287	8,276	15,563	349	501	850	222	17	239	7,858	8,794	16,652	349	297	646	251.6	278.5	265.1
1892.....	7,562	8,609	16,171	358	524	882	226	22	248	8,246	9,155	17,401	349	361	710	259.5	285.0	272.3
1893.....	7,984	9,030	17,014	384	542	926	381	30	411	8,749	9,602	18,351	503	447	950	270.6	293.8	282.3
1894.....	8,424	9,392	17,816	332	487	819	416	37	453	9,172	9,916	19,088	423	314	737	279.0	298.4	288.8
1895.....	8,894	9,961	18,855	351	496	847	477	37	514	9,722	10,434	20,216	530	578	1,128	290.9	310.6	300.8
1896.....	9,164	10,314	19,478	335	497	832	521	38	559	10,020	10,849	20,869	298	355	653	295.0	316.0	305.6
1897.....	9,571	10,640	20,211	326	514	840	537	45	632	10,484	11,199	21,683	464	350	814	303.8	321.0	312.4
1898.....	9,886	10,959	20,845	330	525	855	638	48	686	10,854	11,532	22,386	370	333	703	303.6	325.4	317.6
1899.....	10,121	11,253	21,374	382	548	930	666	53	719	11,169	11,854	23,023	315	322	637	313.7	329.4	321.6
1900.....	10,422	11,686	22,108	373	565	938	698	54	752	11,493	12,285	23,778	324	431	755	317.9	336.2	327.1
1901.....	10,755	11,899	22,654	373	554	927	676	57	733	11,804	12,610	24,414	311	295	606	319.5	335.0	327.3
1902.....	10,986	12,283	23,269	373	556	929	720	72	792	12,079	12,911	24,990	275	401	676	320.1	343.8	329.3
1903.....	11,445	12,742	24,187	372	575	947	725	75	800	12,542	13,392	25,934	463	481	944	325.5	354.7	340.1
1904.....	11,780	13,280	25,059	380	618	998	761	83	844	12,930	13,931	26,861	358	539	897	328.8	350.4	339.7
1905.....	11,994	13,524	25,518	367	618	985	814	89	903	13,175	14,231	27,406	345	523	868	328.4	350.9	339.7
1906.....	12,331	14,026	26,357	363	622	985	854	106	960	13,548	14,754	28,302	373	523	896	328.7	355.1	341.9
1907.....	12,680	14,422	27,102	343	634	977	904	110	1,014	13,927	15,166	29,093	379	412	791	328.3	355.9	342.6
1908.....	13,313	15,035	28,348	373	663	1,036	952	121	1,073	14,638	15,819	30,457	711	653	1,364	337.7	361.8	349.6
1909.....	13,734	15,629	29,363	378	672	1,050	995	132	1,127	15,077	16,433	31,510	469	614	1,083	339.5	366.3	352.9
1910.....	14,252	16,193	30,445	380	672	1,052	1,022	139	1,161	15,654	17,004	32,658	547	571	1,118	344.9	371.7	358.3
1911.....	14,569	16,482	31,051	377	684	1,061	1,064	135	1,199	16,010	17,301	33,311	356	297	653	343.5	366.7	355.4

* October 1 of each year.

† Inclusive of patients in county almshouses prior to 1894 and in county asylums prior to 1896.

‡ Revised from former reports on basis of 1910 census which showed a larger percentage increase in the population of the State than had been estimated.

TABLE 5 — Number of admissions to institutions for the insane in New York State, exclusive of transfers, and rate per million of the population, 1897—1911

Year*	STATE HOSPITALS			PRIVATE INSTITUTIONS			CRIMINAL INSANE			TOTAL						
	Males	Fe- males	TOTAL	Males	Fe- males	Total	Males	Fe- males	Total	NUMBER			PER 1,000,000 POPULA- TION			
										Males	Fe- males	Total		Males	Fe- males	Total
1897.....	2,273	2,097	4,370	630	†227	†271	†498	133	7	140	2,633	2,375	5,008	763	681	1,444
1898.....	2,267	2,206	4,473	635	†207	†251	†458	119	10	129	2,593	2,467	5,060	740	695	1,435
1899.....	2,226	2,192	4,418	617	236	275	493	134	9	143	2,587	2,458	5,045	727	683	1,410
1900.....	2,224	2,284	4,508	620	240	275	515	†152	†16	†168	2,616	2,575	5,191	724	705	1,429
1901.....	2,308	2,253	4,561	614	248	228	476	72	5	77	2,628	2,486	5,114	680	665	1,345
1902.....	2,279	2,287	4,566	602	214	237	451	107	11	118	2,600	2,535	5,135	680	665	1,345
1903.....	2,609	2,501	5,110	660	245	237	482	84	8	92	2,938	2,746	5,684	763	705	1,468
1904.....	2,690	2,772	5,462	679	219	276	495	111	16	127	2,930	2,804	5,734	745	711	1,456
1905.....	2,690	2,656	5,346	663	228	263	491	116	11	127	3,034	2,930	5,964	756	722	1,478
1906.....	2,914	2,847	5,761	696	228	226	454	115	26	141	3,257	3,099	6,356	790	746	1,536
1907.....	3,203	2,902	6,105	719	227	251	478	127	20	147	3,557	3,373	6,930	842	711	1,553
1908.....	3,460	3,223	6,683	767	†214	†288	†502	†145	†27	†172	3,819	3,538	7,357	880	809	1,689
1909.....	3,155	3,170	6,325	741	198	236	432	136	27	163	3,787	3,433	7,220	851	765	1,616
1910.....	3,708	3,358	7,066	775	197	242	439	119	18	137	4,024	3,618	7,642	885	790	1,675
1911.....	3,771	3,489	7,260	774	188	254	442	155	10	165	4,111	3,753	7,865	883	796	1,679

* Year ending September 30.

† Inclusive of transfers.

‡ Mattheawan only. § Approximate.

• Revised from former reports on basis of 1910 census which showed a larger percentage increase in the population of the State than had been estimated.

Statistics of the Insane

Statistics of the Insane

TABLE 7 — Recovery rates and death rates in the State hospitals for the insane, 1897—1911

YEAR*	RECOVERIES				DEATHS							
	NUMBER			RATE PER 1,000 ADMIS- SIONS, EXCLUSIVE OF TRANSFERS	NUMBER			RATE PER 1,000 UNDER TREATMENT				
	Males	Females	Total		Males	Females	Total					
1897.....	503	448	951	22.1	21.4	21.8	797	795	1,592	69	63.2	65.
1898.....	499	519	1,018	22.1	23.5	22.8	930	827	1,757	75.4	61.6	68.2
1899.....	521	488	1,009	23.4	22.3	22.8	973	890	1,863	76.4	62.5	69.4
1900.....	522	507	1,029	23.5	22.2	22.8	980	841	1,821	78.1	61.5	69.4
1901.....	519	660	1,209	23.8	29.3	26.5	1,010	858	1,868	77.9	61.1	69.2
1902.....	510	615	1,125	22.4	26.9	24.7	1,018	790	1,808	70.5	49.9	59.7
1903.....	607	656	1,263	23.3	26.2	24.1	994	840	1,834	70.6	51.8	62.4
1904.....	570	733	1,303	21.9	26.4	24.3	1,064	923	1,987	74.8	58.6	66.3
1905.....	705	737	1,442	26.2	27.8	27.	1,055	962	2,017	70.6	57.8	63.9
1906.....	765	703	1,468	26.3	24.7	25.5	1,114	957	2,071	73.4	57.4	65.
1907.....	797	760	1,557	24.9	26.2	25.5	1,200	1,049	2,249	76.4	60.8	67.8
1908.....	813	809	1,622	23.5	25.1	24.3	1,189	1,144	2,333	69.4	64.9	69.4
1909.....	788	731	1,522	22.8	23.2	23.	1,321	1,053	2,374	77.1	56.7	63.5
1910.....	815	773	1,588	22.8	23	22.5	1,307	1,169	2,476	76.8	60.4	68.3
1911.....	837	861	1,698	22.2	24.7	23.4	1,511	1,375	2,886	82.1	68.8	75.2

* Year ending September 31.

TABLE 9.—Nativity of first admissions and of parents of first admissions with residence in New York City, year ending September 30, 1911

COUNTRY OF BIRTH	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	Males	Females	Total	Both parents	Father	Mother	Both parents	Father	Mother
New York State.....	418	361	779	77	102	108	53	71	77
Other states of United States.....	180	234	414	109	129	139	119	141	144
Total native born.....	598	595	1,193	186	231	247	172	212	221
Austria.....	76	92	168	79	83	82	92	91	98
Canada.....	14	17	31	9	17	14	9	16	17
England and Wales.....	38	33	71	39	58	46	46	55	51
Germany.....	175	175	350	211	262	252	253	273	267
Hungary and Bohemia.....	56	57	113	60	60	64	62	65	66
Ireland.....	177	257	434	312	332	341	391	413	423
Italy.....	115	78	193	122	123	123	81	81	82
France.....	19	11	30	23	15	15	13	19	17
Scotland.....	14	6	20	17	20	22	8	13	11
Scandinavia.....	28	40	68	33	33	33	41	44	43
Russia.....	197	182	379	213	221	216	201	211	201
All other foreign countries.....	97	52	149	96	103	105	46	53	52
Total foreign born.....	1,006	1,000	2,006	1,232	1,338	1,314	1,246	1,337	1,331
Unascertained.....	12	10	22	46	47	55	50	56	53
Grand total.....	1,616	1,605	3,221	1,461	1,616	1,616	1,468	1,605	1,605

TABLE 10.—Ages of first admissions, classified according to nativity, year ending September 30, 1911 — (Concluded)

Age Group	Statistics of the Insane														TOTAL	
	IRELAND			ITALY		RUSSIA AND POLAND		SCANDINAVIA		SCOTLAND		ALL OTHER FOREIGN COUNTRIES		NATIVITY UNASCERTAINED		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females		Total
Under 15 years.....	1	5	6	8	7	15	22	26	1	3	4	1	5	6	8	14
15-19 years.....	8	14	22	24	17	41	54	106	5	4	9	1	5	6	146	286
20-24 years.....	21	26	47	31	12	43	37	86	4	1	5	1	3	4	325	611
25-29 years.....	23	30	53	24	13	37	38	57	10	8	18	2	3	5	355	683
30-34 years.....	17	39	56	19	5	24	30	43	2	2	4	2	2	4	366	649
35-39 years.....	30	48	78	24	5	29	16	17	33	5	10	1	3	4	340	629
40-44 years.....	22	36	58	11	7	18	18	9	27	2	8	1	3	4	309	603
45-49 years.....	24	29	53	8	6	14	10	6	16	1	5	1	3	4	294	602
50-54 years.....	18	15	33	11	5	16	4	3	7	4	2	4	3	7	253	445
55-59 years.....	19	19	38	5	2	7	9	5	14	1	1	1	4	1	244	445
60-64 years.....	18	30	48	5	3	8	1	5	6	3	1	2	3	2	192	323
65-69 years.....	18	32	50	5	3	8	1	3	3	1	1	1	2	1	146	131
70-74 years.....	8	18	26	1	1	2	3	3	3	1	1	1	1	1	111	230
75-79 years.....	10	6	16	5	5	10	3	3	3	3	3	1	1	2	91	198
80 and over.....	237	347	584	171	88	259	251	453	35	48	83	122	64	186	62	80
Total ascertained.....	3	2	5	2	2	4	3	3	1	1	2	1	1	2	48	106
Unascertained.....	237	347	584	171	88	259	251	453	35	48	83	122	64	186	18	39
Grand total.....	240	349	589	171	90	261	254	456	36	48	84	122	64	186	68	145

Statistics of the Insane

AGE GROUP	NATIVE BORN			TOTAL FOREIGN BORN			AUSTRIA		CANADA		ENGLAND AND WALES		FRANCE		GERMANY		HUNGARY AND BOHEMIA	
	Males		Females	Total			Males		Males		Males		Males		Males		Males	
	Total		Total	Total			Total		Total		Total		Total		Total		Total	
Under 15 years.....	2	5	7	1	1	1	6	15	21	3	1	1	2	2	1	1	4	6
15-19 years.....	51	44	95	39	98	132	14	22	36	3	1	1	2	2	7	2	4	12
20-24 years.....	74	71	145	117	249	130	10	22	32	3	1	1	4	4	10	4	8	15
25-29 years.....	81	75	156	138	268	99	9	10	19	1	1	1	4	4	14	5	10	15
30-34 years.....	80	77	157	138	268	99	237	10	19	1	1	1	4	4	14	5	10	15
35-39 years.....	80	77	157	106	212	106	212	6	16	4	4	7	11	3	13	10	8	18
40-44 years.....	61	68	129	117	120	237	8	4	12	3	5	8	3	3	20	10	9	19
45-49 years.....	53	61	114	83	78	161	4	6	10	3	6	5	2	2	30	11	6	17
50-54 years.....	42	36	78	76	62	138	6	3	9	3	5	2	2	4	25	11	4	8
55-59 years.....	31	25	56	60	38	98	3	3	6	1	5	2	1	2	19	4	4	7
60-64 years.....	14	18	32	45	40	85	3	3	6	1	3	3	2	3	16	4	3	7
65-69 years.....	9	12	21	27	44	71	1	1	2	2	2	1	1	2	13	2	1	3
70-74 years.....	11	10	21	28	38	66	1	1	1	1	4	4	4	1	10	1	1	2
75-79 years.....	1	7	8	13	27	40	1	1	1	1	1	1	1	1	7	1	1	2
80 and over.....	4	7	11	12	18	30	1	1	1	1	1	1	1	1	5	1	1	1
Total ascertained.....	594	593	1,187	999	992	1,991	75	91	166	14	31	38	70	19	30	175	54	110
Unascertained.....	4	2	6	7	8	15	1	1	2	1	1	1	1	1	1	2	1	3
Grand total.....	598	595	1,193	1,006	1,000	2,006	76	92	168	14	31	38	71	19	30	175	56	113

TABLE 11.—Ages of first admissions with residence in New York City, classified according to nativity, year ending September 30, 1911

TABLE 11.—Ages of first admissions with residence in New York City, classified according to nativity, year ending September 30, 1911.—(Concluded)

Age Group	IRELAND						ITALY		RUSSIA AND POLAND		SCANDINAVIA		SCOTLAND		ALL OTHER FOREIGN COUNTRIES		NATIVITY UNASCERTAINED		Total	
	Males		Females		Total		Males		Females		Total		Males		Females		Total		Males	
	Males	Females	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 15 years.....	1	5	6	.....	11	.....	.....	.....	1	.....	3	.....	.....	.....	.....	.....	.....	9	6	15
15-19 years.....	8	13	21	17	38	11	29	40	23	41	64	16	1	17	1	3	18	9	106	125
20-24 years.....	17	21	38	26	64	33	37	70	48	91	139	34	1	35	3	2	37	192	205	397
25-29 years.....	19	23	42	13	55	33	11	44	34	67	101	8	2	10	3	2	12	222	205	427
30-34 years.....	11	33	44	15	59	23	10	33	17	48	65	13	2	15	.....	.....	.....	218	176	394
35-39 years.....	23	38	61	14	75	14	5	19	12	35	47	10	3	13	.....	.....	.....	187	184	371
40-44 years.....	16	23	39	7	46	15	6	21	17	31	48	8	.....	8	.....	.....	.....	137	179	316
45-49 years.....	18	19	37	6	43	12	6	18	5	11	16	3	.....	3	.....	.....	.....	119	98	217
50-54 years.....	15	9	24	7	31	4	4	8	4	5	9	2	3	5	.....	.....	.....	60	58	118
55-59 years.....	14	13	27	1	28	3	6	9	2	3	5	1	.....	1	.....	.....	.....	37	37	74
60-64 years.....	9	22	31	5	36	1	1	2	1	2	3	.....	.....	.....	.....	.....	.....	40	48	88
65-69 years.....	5	11	16	.....	21	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	14	34	48
70-74 years.....	6	2	8	.....	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	16	25	41
75-79 years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
80 and over.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total ascertained.....	175	255	430	115	545	196	76	272	182	378	560	27	6	33	97	52	149	12	10	22
Unascertained.....	2	2	4	.....	4	.....	2	2	1	.....	.....	.....	.....	.....	.....	.....	.....	11	10	21
Grand total.....	177	257	434	115	549	198	78	274	183	379	560	28	6	33	97	52	149	23	20	43

TABLE 12.—Comparison of ages of first admissions of various nationalities, 1911

AGE GROUP	GERMANY		IRELAND		AUSTRIA-HUNGARY		ITALY		RUSSIA	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
15-19 years.....	2	0.4	6	1.0	29	8.3	15	5.7	48	10.5
20-24 years.....	25	5.1	22	3.7	60	17.2	41	15.7	106	23.2
25-29 years.....	38	7.8	47	8.0	63	18.1	43	16.5	87	19.1
30-34 years.....	39	8.0	53	9.0	50	14.3	37	14.2	57	12.5
35-39 years.....	43	8.8	56	9.5	43	12.4	24	9.2	43	9.4
40-44 years.....	67	13.7	78	13.2	36	10.3	29	11.1	33	7.2
45-49 years.....	49	10.0	58	9.8	22	6.3	18	6.9	27	5.9
50-54 years.....	47	9.6	53	9.0	19	5.5	14	5.4	16	3.5
55-59 years.....	43	8.8	33	5.6	10	2.9	7	2.7	14	3.1
60-64 years.....	38	7.8	38	6.5	5	1.4	8	3.1	6	1.3
65-69 years.....	31	6.1	48	8.1	...	...	...	...	3	0.7
70-74 years.....	24	4.9	50	8.5	4	1.1	...	...	3	0.7
75-79 years.....	28	5.7	26	4.4	1	0.3	2	0.8	3	0.7
80 and over.....	13	2.7	16	2.7	1	0.3	5	2.1	3	0.7
Unknown.....	1	0.2	5	0.8	5	1.4	2	0.8	3	0.7
Total.....	488	100.0	589	100.0	348	100.0	261	100.0	456	100.0

Statistics of the Insane

TABLE 13.—Length of time in the United States before commitment of foreign born first admissions, classified according to nativity, year ending September 30, 1911

LENGTH OF TIME	AUSTRIA			CANADA			ENGLAND AND WALES ^a			FRANCE			GERMANY			HUNGARY AND BOHEMIA			IRELAND		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 1 month.....	111	108	219	58	61	119	75	60	135	21	15	36	255	233	488	63	66	129	237	349	586
1-2 months.....	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3-5 months.....	2	3	5	2	2	4	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2
6-11 months.....	3	7	10	2	2	4	2	2	4	1	1	2	3	4	7	1	1	2	1	1	2
1 year.....	2	8	10	2	2	4	2	2	4	1	1	2	3	4	7	1	1	2	1	1	2
2 years.....	9	6	15	10	1	11	1	1	2	1	1	2	3	2	5	4	3	7	4	3	7
3 years.....	5	5	10	1	1	2	1	1	2	1	1	2	3	2	5	4	3	7	4	3	7
4 years.....	10	8	18	1	1	2	1	1	2	1	1	2	3	2	5	4	3	7	4	3	7
5 years.....	17	11	28	1	1	2	1	1	2	1	1	2	7	5	12	11	6	17	5	5	10
6-9 years.....	19	21	40	2	2	4	2	2	4	1	1	2	10	8	18	13	8	21	14	18	32
10-14 years.....	15	17	32	4	4	8	4	4	8	3	2	5	14	15	29	9	9	18	12	15	27
15-19 years.....	14	17	31	4	4	8	4	4	8	3	2	5	22	28	50	8	9	17	15	24	39
20 years and over.....	17	11	28	35	32	67	47	40	87	6	10	16	173	141	314	14	13	27	158	223	380
Unascertained.....	7	1	8	6	6	12	5	5	10	2	2	4	8	17	25	1	1	2	13	20	33
Total.....	111	108	219	58	61	119	75	60	135	21	15	36	255	233	488	63	66	129	237	349	586

TABLE 14.—Length of time in the United States before commitment of foreign born first admissions with residence in New York City, classified according to nativity, year ending September 30, 1911

LENGTH OF TIME	AUSTRIA						CANADA			ENGLAND AND WALES			FRANCE			GERMANY			HUNGARY AND BOHEMIA			IRELAND		
	Males		Females		Total		Males		Females		Total		Males		Females		Total		Males		Females		Total	
	Total		Total		Total		Total		Total		Total		Total		Total		Total		Total		Total		Total	
Under 1 month.....	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1-2 months.....	2	2	2	2	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3-5 months.....	3	3	3	3	6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
6-11 months.....	4	4	4	4	8	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
1 year.....	5	5	5	5	10	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
2 years.....	6	6	6	6	12	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
3 years.....	7	7	7	7	14	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
4 years.....	8	8	8	8	16	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
5 years.....	9	9	9	9	18	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
6-9 years.....	10	10	10	10	20	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10-14 years.....	11	11	11	11	22	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
15-19 years.....	12	12	12	12	24	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
20 years and over.....	13	13	13	13	26	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
Unascertained.....	14	14	14	14	28	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
Total.....	76	92	168	168	336	336	38	38	71	71	30	30	175	175	350	350	56	56	113	113	257	257	431	431

TABLE 14.—Length of time in the United States before commitment of foreign-born first admissions with residence in New York City, classified according to nativity, year ending September 30, 1911—(Concluded)

LENGTH OF TIME	ITALY			RUSSIA AND POLAND			SCANDINAVIA			SCOTLAND			ALL OTHER FOREIGN COUNTRIES			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 1 month.....	.....	2	2	1	1	2	2	2	2	.....	.....	.....	2	.....	.....	3	7	10
1-2 months.....	.....	2	2	2	4	6	.....	.....	2	.....	.....	.....	.....	.....	.....	10	11	21
3-5 months.....	.....	1	1	4	1	5	.....	.....	1	.....	.....	.....	.....	.....	.....	15	13	28
6-11 months.....	.....	2	4	6	13	19	.....	.....	.....	.....	.....	.....	.....	.....	.....	21	26	47
1 year.....	2	1	3	4	11	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	27	35	62
2 years.....	7	6	13	11	5	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	36	33	69
3 years.....	2	2	4	9	9	18	.....	.....	.....	.....	.....	.....	.....	.....	.....	32	28	60
4 years.....	12	4	16	13	18	31	.....	.....	.....	.....	.....	.....	.....	.....	.....	51	50	101
5 years.....	11	6	17	17	21	38	.....	.....	.....	.....	.....	.....	.....	.....	.....	52	64	115
6-9 years.....	16	10	26	38	34	72	.....	.....	.....	.....	.....	.....	.....	.....	.....	120	101	221
10-14 years.....	18	15	33	24	17	41	.....	.....	.....	.....	.....	.....	.....	.....	.....	109	116	225
15-19 years.....	12	9	21	21	17	38	.....	.....	.....	.....	.....	.....	.....	.....	.....	95	97	192
20 years and over.....	22	17	39	39	25	64	.....	.....	.....	.....	.....	.....	.....	.....	.....	389	389	778
Unascertained.....	7	1	8	5	6	11	1	1	2	.....	.....	.....	10	.....	.....	48	34	82
Total.....	115	78	193	197	182	379	28	40	68	14	6	20	97	52	149	1,006	1,000	2,006

Statistics of the Insane

TABLE 15.—Degree of literacy of first admissions to State hospitals for the insane classified according to nativity, year ending September 30, 1911

COUNTRY OF BIRTH	Statistics of the Insane											
	None			Reads and Writes			Common School			High School		
	None			Reads and Writes			Common School			High School		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
United States.....	70	65	135	190	186	376	1,146	915	2,091	98	138	236
All foreign countries.....	134	240	374	353	363	716	801	626	1,427	47	22	69
Austria.....	16	32	48	40	37	77	39	31	70	7	2	9
Canada.....	6	5	11	10	9	19	36	45	81	2	1	3
England and Wales.....	2	4	6	9	10	19	53	43	93	6	1	7
France.....	..	..	..	3	5	8	17	9	26	1	..	1
Germany.....	5	14	19	32	43	75	195	164	359	12	6	18
Hungary and Bohemia.....	4	12	16	11	24	35	38	25	63	6	..	6
Ireland.....	28	60	88	58	103	161	139	170	309	3	2	5
Italy.....	41	39	80	53	27	80	60	16	76	3	..	3
Russia and Poland.....	23	61	84	97	75	172	107	47	154	5	4	9
Scandinavia.....	..	1	1	10	12	22	25	32	57	1	1	2
Scotland.....	..	1	1	1	2	3	22	9	31	..	..	..
All other foreign countries.....	9	11	20	29	16	45	70	35	105	6	1	7
Unascertained.....	1	3	4	7	4	11	9	8	17	..	1	1
Total.....	205	308	513	550	553	1,103	1,956	1,579	3,535	145	161	306
										59	13	72
										93	73	166
										3,013	2,687	5,700

TABLE 16.—Psychoses of first admissions to State hospitals for the insane, classified according to nativity, year ending September 30, 1911

PSYCHOSIS	NATIVE BORN			TOTAL FOREIGN BORN			AUSTRIA			CANADA			ENGLAND AND WALES			GERMANY			HUNGARY AND BOHEMIA			IRELAND		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
With brain tumor.....	3	.....	3	5	1	6	.....	.....	.....	1	.....	1	.....	.....	.....	1	.....	1	.....	.....	1	.....	.....	1
Traumatic.....	7	.....	7	7	.....	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Senile.....	134	140	274	122	184	306	3	.....	3	8	11	19	10	14	24	35	41	76	1	2	3	48	86	134
Dementia paralytica.....	263	105	368	290	94	384	16	6	22	13	8	21	13	6	19	61	26	87	21	9	30	35	16	51
With other brain and nervous diseases.....	104	60	164	62	46	108	3	.....	3	4	5	9	6	4	10	22	14	36	3	1	4	14	13	27
Alcoholic.....	228	72	300	204	74	278	14	2	16	13	4	17	16	8	24	37	7	44	6	2	8	67	44	111
Drug and other toxic.....	10	9	19	5	3	8	.....	.....	.....	1	.....	1	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	3
Infective-exhaustive and auto-toxic.....	23	47	70	17	57	74	2	7	9	2	6	8	.....	4	4	4	12	16	1	.....	1	3	8	11
Allied to infective-exhaustive.....	2	3	5	9	12	21	2	1	3	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	.....	2	2	2
Symptomatic depressions.....	5	.....	5	7	4	11	1	1	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Depressive hallucinosis.....	26	68	94	12	37	49	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	13
Involution-melancholia.....	36	45	81	50	63	113	3	7	10	2	2	4	4	2	6	3	9	12	.....	.....	.....	6	11	17
Depressions undifferentiated.....	259	252	511	213	181	394	16	24	40	3	4	7	5	3	8	26	26	52	13	13	26	21	41	62
Dementia praecox.....	20	18	38	46	34	80	2	5	7	.....	.....	.....	.....	.....	.....	3	7	10	.....	.....	.....	5	6	11
Allied to dementia praecox.....	30	72	102	42	74	116	2	3	5	.....	.....	.....	.....	.....	.....	9	19	28	1	4	5	4	27	31
Paranoid conditions.....	116	194	310	107	217	324	10	32	42	2	8	10	5	7	12	27	39	66	3	16	19	7	33	40
Manic-depressive.....	28	60	88	42	58	100	6	4	10	.....	.....	.....	.....	.....	.....	1	2	3	.....	.....	.....	7	13	20
Allied to manic-depressive.....	52	42	94	18	21	39	1	.....	1	2	1	3	2	1	3	3	5	8	.....	.....	.....	2	6	8
Epileptic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hysterical, psychasthenic and neurasthenic.....	29	.....	29	4	5	9	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other constitutional disorders and inferiorities.....	59	36	95	34	34	68	8	2	10	1	1	2	2	2	4	5	2	7	1	2	3	2	7	9
Imbecility and idiocy with insanity.....	33	29	62	10	20	30	2	4	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Unclassified.....	50	53	103	94	76	170	16	6	22	2	3	5	3	1	4	2	4	13	2	4	8	14	17	31
Not insane.....	51	14	65	11	12	23	.....	.....	.....	1	1	2	.....	.....	.....	4	2	6	.....	.....	.....	.....	.....	1
Total.....	1,565	1,358	2,923	1,426	1,311	2,737	111	108	219	58	61	119	75	60	135	255	233	488	63	66	129	237	349	586

TABLE 16.—Psychoses of first admissions to State hospitals for the insane, classified according to nativity, year ending September 30, 1911 — (Concluded)

Psychosis	ITALY		FRANCE		SCOTLAND		SCANDINAVIA		RUSSIA AND POLAND		ALL OTHER FOREIGN COUNTRIES		UNASCERTAINED	
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
With brain tumor	2		2						1			1		
Traumatic														
Senile	5	8	13	1	3	4			12	8	20	1	2	3
Dementia paralytica	37	6	43	8	2	10	8	3	6	23	6	29	5	1
With other brain and nervous diseases	3	2	5	2		2	1	1	4	2		2	3	3
Alcoholic	13		13	3	2	5	8	3	11	16	1	6	1	1
Drug and other toxic									1	1				
Infective-exhaustive and auto-toxic	1	5	6	1	2	3		3	3	9				
Allied to infective-exhaustive		1	1		1	1			1	1				
Symptomatic depressions									3	5	1	4		
Depressive hallucinosis	5	1	6				1		1	1	1	1	1	1
Involution-melancholia	1	1	2				1	2	3	3	2	3	2	1
Depressions undifferentiated	10	6	16	1	1	2	1	2	3	5	5	5	1	2
Dementia praecox	23	5	28	3	1	4	2	1	14	17	31	31	3	3
Allied to dementia praecox	8	1	9				9	12	68	45	113	24	1	1
Paranoid conditions	6	7	13	1	1	2	1	1	18	6	24	8	1	1
Manic-depressive	19	17	36	1	3	4	3	5	4	2	6	8	1	1
Allied to manic-depressive	10	11	21	1	1	2	2	3	33	52	85	12	3	4
Epileptic	2	3	5						12	24	36	9		
Hysterical, psychasthenic and neurasthenic	1		1						2	4	6	5	1	1
Other constitutional disorders and inferiorities	5	6	11	1	1	2			1	1	2	1		
Imbecility and idiocy with insanity	2		2				1		4	9	13	6	1	3
Unclassified	16	10	26	1	1	2	3	4	3	2	5	7	2	1
Not insane	2		2	1		1			3	3	6	20	2	2
Total	171	90	261	23	15	38	36	48	254	292	456	186	22	18
							84		122	64				40

TABLE 17.—Psychoses of first admissions with residence in New York City, classified according to nativity, year ending September 30, 1911 — (Concluded)

PSYCHOSIS	IRELAND			ITALY			RUSSIA AND POLAND			SCANDINAVIA			SCOTLAND			ALL OTHER FOREIGN COUNTRIES			UNASCERTAINED		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
With brain tumor	2		2	2		2	1		1												
Traumatic	30	59	89	2	7	9	6	11	17												
Senile	26	14	40	30	5	35	46	5	51	6	2	8	6	1	7	17	3	5	22	3	1
Dementia paralytica	9	7	16	2	2	4	4	1	5				1		1	1					
With other brain and nervous diseases	51	34	85	6		6	4	1	5	6	3	9	4		4	5	1	1	6	1	3
Alcoholic	1		1				1	1	2												
Drug and other toxic	3	6	9	1	2	3		9	9		3	3									
Infective-exhaustive and auto-toxic		2	2		1	1	2	3	5				1		1	4	1	1	2		
Allied to infective-exhaustive	1	4	5	3	1	4	1	1	2												
Symptomatic depressions	8	7	15	7	6	13	8	16	24				1		1	1	1	2	3	1	1
Depressive hallucinosis	4	7	11	15	2	17	50	35	85	6	10	16	1		1	17	6	4	23	1	2
Involution-melancholia	17	26	43	1	7	8	16	6	22	1	1	2	1		1	1	4	11	1	1	1
Depressions undifferentiated	1	5	6	3	1	4	3	2	5	3	3	6	1		1	1	6	3	9	1	2
Dementia praecox	3	21	24	3	16	19	28	50	78	1	9	10	1		1	11	10	21	1	2	3
Allied to dementia praecox	6	30	36	12	10	22	12	12	24		3	3	1		1	5	4	9	9	1	1
Paranoid conditions	7	12	19	9	10	19	12	12	24							2	1	3	1	1	1
Manic-depressive	1	5	6	2	3	5	2	2	4												
Allied to manic-depressive																					
Epileptic																					
Hysterical, psychasthenic and neurasthenic							1	1	2												
Other constitutional disorders and inferiorities	2	5	7	5	5	10	4	9	13	1		1				4	2	6	1	2	3
Imbecility and idiocy with insanity	1	1	2				2	1	3												
Unclassified	12	10	22	8	9	17	6	8	14	3	2	5				11	6	17			
Not insane	1	1	2	1	1	2	1	1	2												
Total	177	257	434	115	78	193	197	182	379	28	40	68	14	6	20	97	52	149	12	10	22

[TABLE 18.— Environment of first admissions to State hospitals for the insane, classified according to nativity, year ending September 30, 1912

COUNTRY OF BIRTH	CITY			VILLAGE			RURAL			UNASCERTAINED			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
United States.....	1,045	928	1,973	322	312	634	183	100	283	15	18	33	1,565	1,358	2,923
All foreign countries.....	1,252	1,175	2,427	102	84	186	44	31	75	28	21	49	1,426	1,311	2,737
Austria.....	96	98	194	9	6	15	2	.....	2	4	.....	4	111	108	219
Canada.....	42	44	86	6	11	17	9	6	15	1	.....	1	58	61	119
England and Wales.....	62	53	115	11	6	17	2	.....	3	.....	.....	.....	75	60	135
Germany.....	221	204	425	17	15	32	14	9	23	.....	.....	.....	255	233	488
Hungary and Bohemia.....	59	56	115	3	4	7	1	3	4	.....	3	3	63	66	129
Ireland.....	210	313	523	18	25	43	4	5	9	.....	6	11	237	349	586
Italy.....	148	86	234	14	4	18	4	.....	4	5	.....	5	171	90	261
France.....	19	13	32	1	1	2	.....	1	1	1	.....	1	21	15	36
Scotland.....	17	11	28	5	4	9	1	.....	1	.....	.....	.....	23	15	38
Scandinavia.....	31	45	76	3	3	6	1	.....	1	.....	.....	.....	36	48	84
Russia and Poland.....	240	193	433	6	4	10	4	3	7	4	.....	6	254	202	456
All other countries.....	107	59	166	9	1	10	2	3	5	4	1	5	122	64	186
Nativity unascertained.....	16	10	26	3	5	8	1	.....	1	2	3	5	22	18	40
Total.....	2,313	2,113	4,426	427	401	828	228	131	359	45	42	87	3,013	2,687	5,700

TABLE 20.—Use of alcohol by first admissions, year ending September 30, 1911

PSYCHOSIS	NUMBER														
	TEMPERATE, MODERATE OR NONUSE			INTERMEDIATE USE BUT NOT AN ASSIGNED ETIOLOGICAL FACTOR			ASSIGNED ETIOLOGICAL FACTOR			USE UNASCERTAINED			TOTAL ADMISSIONS		
	Females		Total	Males		Total	Females		Total	Males		Total	Females		Total
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
With brain tumor.....	7	1	8	1	.....	1	.....	1	.....	.....	.....	.....	8	1	9
Traumatic.....	9	.....	9	3	.....	3	.....	3	.....	1	.....	1	14	.....	14
Senile.....	173	275	448	37	9	46	22	3	25	26	38	64	258	325	583
Dementia paralytica.....	316	144	460	120	20	140	80	11	91	42	25	67	558	200	758
With other brain and nervous diseases.....	99	93	192	39	4	43	18	.....	18	13	12	25	169	109	278
Alcoholic.....	.....	.....	.....	18	.....	18	415	147	562	.....	.....	.....	433	147	580
Drug and other toxic.....	6	7	13	3	1	4	5	4	9	2	5	7	15	12	27
Infected-exhaustive and auto-toxic.....	26	96	122	7	2	9	5	1	6	.....	.....	.....	40	104	144
Allied to infective-exhaustive.....	11	15	26	.....	.....	.....	.....	.....	.....	.....	.....	.....	11	15	26
Symptomatic depressions.....	5	9	14	1	1	2	.....	.....	.....	.....	.....	.....	6	9	15
Depressive hallucinosis.....	16	14	30	1	1	2	.....	.....	.....	.....	.....	.....	18	19	37
Involution melancholia.....	28	102	130	6	.....	6	4	2	6	.....	.....	.....	38	105	143
Depressions undifferentiated.....	68	105	173	9	3	12	5	1	6	5	1	6	87	110	197
Dementia praecox.....	353	397	750	47	15	62	37	10	47	38	14	52	475	436	911
Allied to dementia praecox.....	48	49	97	1	1	2	8	.....	8	10	3	13	67	53	120
Paranoic conditions.....	46	136	182	12	2	14	12	6	18	2	2	4	72	146	218
Manic-depressive.....	174	384	558	21	10	31	19	13	32	10	7	17	224	414	638
Allied to manic-depressive.....	53	103	156	7	2	9	8	5	13	2	8	10	70	118	188
Epileptic.....	55	55	110	8	2	10	5	4	9	3	2	5	71	63	134
Hysterical, psychasthenic and neurasthenic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other constitutional disorders and inferiorities.....	27	32	59	2	1	3	3	.....	3	1	.....	1	33	33	66
Imbecility and idiocy with insanity.....	70	66	136	10	.....	10	9	2	11	5	5	10	94	73	167
Unclassified.....	34	32	66	4	1	5	2	2	4	4	4	9	44	40	84
Not insane.....	86	99	185	21	4	25	15	8	23	24	18	42	146	129	275
Total.....	29	22	51	14	3	17	17	.....	17	2	1	3	62	26	88
Total.....	1,739	2,236	3,975	392	81	473	690	221	911	192	149	341	3,013	2,687	5,700

	PER CENT OF TOTAL OF EACH PSYCHOSIS										Statistics of the Insane					Total per cent of cases in which alcohol appeared as a habit disorder or etiological factor
	87.5	100.0	88.9	12.5	.....	11.1	.....	.....	.....	.....	12.5	.....	.....	.....
With brain tumor.....	87.5	100.0	88.9	12.5	.....	11.1	.....	.....	.....	.....	.....	.....	.....	.....	11.1
Traumatic.....	64.3	84.6	64.3	21.4	.....	21.4	.....	.....	.....	.....	.....	.....	.....	.....	28.5
Senile.....	76.1	84.6	76.8	14.3	2.8	7.9	8.5	7.1	7.1	11.4	11.0	11.0	11.0	11.0	12.2	
Dementia paralytica.....	56.5	72.0	60.7	21.5	10.0	18.5	14.4	14.4	10.1	12.5	8.8	8.8	8.8	8.8	30.5	
With other brain and nervous diseases.....	58.6	85.3	69.1	23.0	3.7	15.5	10.6	10.6	7.7	11.0	9.0	9.0	9.0	9.0	22.0	
Alcoholic.....	40.0	58.3	48.1	4.2	.....	3.1	95.8	100.0	6.5	.....	.....	.....	.....	.....	100.0
Drug and other toxic.....	65.0	92.3	84.7	17.5	8.3	14.8	33.3	33.3	33.3	.....	.....	.....	.....	.....	48.1
Infective-exhaustive and auto-toxic.....	100.0	100.0	100.0	.....	1.9	6.1	12.1	.....	4.2	4.8	4.9	4.9	4.9	4.9	10.3
Allied to infective-exhaustive.....	83.3	100.0	93.3	16.6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6.7
Symptomatic depressions.....	88.8	73.7	81.1	5.6	5.3	5.4	.....	10.5	5.4	10.5	8.1	8.1	8.1	8.1	10.8
Depressive hallucinosis.....	73.7	97.1	90.9	21.1	2.7	4.2	10.5	1.9	4.2	1.0	3.0	3.0	3.0	3.0	8.4	
Involution melancholia.....	87.2	95.5	87.8	10.3	3.4	6.1	5.7	9.9	3.0	5.7	5.7	5.7	5.7	5.7	9.1	
Depressions undifferentiated.....	74.7	91.1	83.1	9.9	1.9	6.8	7.8	2.3	5.2	3.2	3.7	3.7	3.7	3.7	12.0	
Dementia praecox.....	71.6	92.5	80.8	1.5	1.9	1.7	11.9	.....	6.7	5.2	10.8	10.8	10.8	10.8	8.4
Allied to dementia praecox.....	63.9	93.2	83.5	16.7	1.4	6.4	16.7	4.1	8.3	3.2	1.8	1.8	1.8	1.8	14.7	
Paranoid conditions.....	77.7	92.8	87.5	9.4	2.4	4.9	8.5	3.1	5.0	1.7	2.7	2.7	2.7	2.7	9.9	
Manic-depressive.....	75.7	87.3	82.9	10.0	1.7	4.8	11.4	4.2	6.9	6.8	5.3	5.3	5.3	5.3	11.7	
Allied to manic-depressive.....	77.5	87.3	82.1	11.3	3.2	7.5	7.0	6.3	6.7	3.2	3.7	3.7	3.7	3.7	14.2	
Epileptic.....	81.8	97.0	89.4	6.1	3.0	4.5	9.1	.....	4.5	.....	1.5	1.5	1.5	1.5	9.0
Hysterical, psychasthenic and neurasthenic.....	81.8	97.0	89.4	6.1	3.0	4.5	9.1	.....	4.5	.....	1.5	1.5	1.5	1.5	9.0
Other constitutional disorders and inferiorities.....	74.5	90.4	81.4	10.6	.....	6.0	9.6	2.7	6.6	6.8	6.0	6.0	6.0	6.0	12.6
Imbecility and idiocy with insanity (unclassified).....	58.9	76.7	67.3	14.4	3.1	9.1	10.3	3.0	4.8	9.1	12.5	10.7	10.7	10.7	10.8	
Not insane.....	46.8	81.6	58.0	22.6	11.5	19.3	27.4	.....	19.3	3.2	3.1	3.1	3.1	3.1	38.6
Total.....	57.7	83.2	69.6	13.0	3.0	8.3	22.9	8.2	16.0	5.5	6.0	6.0	6.0	6.0	21.3	

TABLE 21.—Psychoses of first admissions to each of the State hospitals, year ending September 30, 1911

PSYCHOSES	TOTAL			UTICA			WILLARD			HUDSON RIVER			MIDDLETOWN			BUFFALO			BINGHAMTON		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
With brain tumor.....	8	1	9	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Traumatic.....	14	325	539	39	14	53	12	12	24	24	21	45	12	13	25	24	16	40	19	35	54
Senile.....	258	583	841	10	2	12	16	3	19	37	15	52	12	1	13	28	7	35	12	5	17
Dementia paralytica.....	508	200	708	10	2	12	16	3	19	37	15	52	12	1	13	28	7	35	12	5	17
With other brain and nervous diseases.....	169	109	278	11	2	13	12	7	19	19	17	36	6	4	10	4	5	9	10	3	13
Alcoholic.....	433	147	580	30	7	37	9	2	11	31	8	39	11	3	14	43	13	56	8	8	16
Drug and other toxic.....	15	12	27	1	1	2	2	2	4	.....	.....	.....	1	1	2	2	1	3	1	1	2
Infective-exhaustive and auto-toxic.....	40	104	144	3	2	5	2	3	5	.....	.....	.....	1	4	5	3	5	8	1	3	4
Allied to infective-exhaustive.....	11	15	26	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Symptomatic depressions.....	6	9	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Depressive hallucinosis.....	18	19	37	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Involution melancholia.....	38	105	143	3	11	14	2	8	10	9	15	24	1	5	6	3	4	7	1	2	3
Depressions undifferentiated.....	87	110	197	7	7	14	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dementia praecox.....	475	436	911	14	31	45	13	20	33	55	59	114	14	8	22	18	14	32	9	5	14
Allied to dementia praecox.....	67	53	120	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paranoic conditions.....	72	146	218	4	8	12	4	10	14	2	3	5	6	12	18	1	5	6	1	2	3
Manic-depressive.....	224	414	638	10	21	31	5	9	14	23	28	51	6	7	13	10	26	36	12	6	18
Allied to manic-depressive.....	70	118	188	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epileptic.....	71	63	134	9	4	13	3	3	6	5	3	8	3	5	8	3	3	6	2	2	4
Hysterical, psychasthenic and neurasthenic.....	33	33	66	1	.....	1	3	7	10	5	2	7	1	2	3	5	4	9	4	4	8
Other constitutional disorders and inferiorities.....	94	73	167	14	.....	14	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Imbecility and idiocy with insanity.....	44	40	84	3	3	6	5	8	13	3	6	9	7	2	9	2	2	4	1	1	2
Unclassified.....	146	129	275	5	1	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not insane.....	62	26	88	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	3,013	2,687	5,700	168	115	283	94	98	192	237	200	437	102	81	183	167	117	284	106	103	209

TABLE 21.—Psychoses of first admissions to each of the State hospitals, year ending September 30, 1911 — (Concluded)

Psychosis	St. Lawrence			Rochester			Gowanda			Kings Park			Long Island			Manhattan			Central Islip		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total			
With brain tumor.....																					
Traumatic.....				1		1				1		1				4			4		
Senile.....	18	26	44	4	14	18	7	16	23	16	25	41	1	17	18	2	32	55	2	5	
Dementia paralytica.....	20	3	23	16	4	20	25	30	5	70	16	86	20	8	28	105	23	128	187	64	
With other brain and nervous diseases.....	9	7	16	8	15	23	16	16		22	10	32	11	6	17	30	24	54	14	24	
Alcoholic.....	24	1	25	21	11	32	15	15		37	12	49	18	20	38	87	38	125	99	128	
Drug and other toxic.....	1			2	1	3	1	1	2				1	3	4	1	4	5	2	2	
Infective-exhaustive and auto-toxic.....	3	12	15	2	7	9	2	1	3		5	5	6	23	29	7	32	39	7	14	
Allied to infective-exhaustive.....										1	3	4		1	1	9	6	15	2	4	
Symptomatic depressions.....		1	1	1		1														5	
Depressive hallucinosis.....																					
Involution melancholia.....	3	7	10	5	12	17				4	17	21	3	3	6		2	2	4	18	
Depressions undifferentiated.....	3			11	8	19	3	6		1	13	14	3	6		30	52	82	17	24	
Dementia praecox.....	12	14	26	28	21	49	23	35	12	100	69	169	6	18	24	74	61	135	109	213	
Allied to dementia praecox.....	2																				
Paranoic conditions.....	7	4	11	3	7	12	2	2	2	17	8	25	1	1	2	27	24	51	17	31	
Manic-depressive.....	15	27	42	6	7	13	8	9	17	15	25	40	6	7	15	43	59	9	16	25	
Allied to manic depressive.....	3	2	5	5	7	12				27	74	101	6	14	20	56	113	169	40	113	
Epileptic.....	7	1	8	4	4	8	2	1	3	11	41	52	2	2	7	26	44	70	17	32	
Hysterical, psychasthenic and neurasthenic.....										8	13	21	1	5	6	9	7	16	15	26	
Other constitutional disorders and inferiorities.....	4	3	7	1	3	4				4	4	8		1	1		2	2	5	6	
Imbecility and idiocy with insanity.....	4	1	5	5	4	9	8			6	6	12		2	2	26	36	62	22	37	
Unclassified.....	4	4	8	3	3	6	3			2	3	5	1	1	2	5	4	9	5	8	
Not insane.....	11	7	18	1	3	4	1	3	4	25	21	46	8	14	22	35	25	60	33	57	
Total.....	162	126	288	141	132	273	122	49	171	367	369	736	105	183	288	602	611	1,213	640	1,143	

Statistics of the Insane

TABLE 22.—Nativity of readmissions, and of parents of readmissions, year ending September 30, 1911

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	Males	Females	Total	Both	Father	Mother	Both	Father	Mother
New York State....	395	349	744	147	181	192	113	132	144
Other states of U. S.	107	133	240	65	102	85	71	92	81
Total, native born	502	482	984	212	283	277	184	224	225
Austria.....	22	16	38	25	26	26	23	25	24
Canada.....	17	15	32	8	14	14	10	14	21
England and Wales.	22	24	46	24	37	36	31	50	37
Germany.....	47	58	105	94	100	100	119	134	124
Hungary and Bo-									
hemia.....	9	7	16	9	10	9	8	8	9
Ireland.....	50	87	137	143	157	161	187	194	206
Italy.....	21	20	41	27	28	27	22	22	23
France.....	1	1	2	2	7	2	2	5	3
Scotland.....	3	4	7	6	10	9	5	10	9
Scandinavia.....	5	12	17	7	7	9	12	12	12
Russia.....	36	61	97	44	44	45	73	76	75
All other foreign									
countries.....	22	13	35	20	24	25	14	15	17
Total, foreign									
countries.....	255	318	573	409	464	463	506	565	560
Unascertained.....	1	2	3	9	11	18	13	13	17
Grand total.....	758	802	1,560	630	758	758	703	802	802

TABLE 23.—Nativity of readmissions with residence in New York City and of parents of such readmissions, year ending September 30, 1911

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	Males	Females	Total	Both	Father	Mother	Both	Father	Mother
New York State...	144	115	259	21	34	42	9	14	17
Other states of U. S.	50	78	128	27	43	40	43	49	47
Total, native born	194	193	387	48	77	82	52	63	64
Austria.....	18	15	33	21	21	22	22	23	23
Canada.....	3	1	4	1	1	3	.....	.....	1
England and Wales.	10	17	27	11	16	16	15	21	17
Germany.....	29	42	71	60	66	63	75	81	78
Hungary and Bo-									
hemia.....	6	6	12	6	7	6	7	7	8
Ireland.....	36	72	108	80	88	87	128	131	136
Italy.....	17	17	34	22	22	22	18	18	19
France.....	1	1	2	2	5	2	2	2	2
Scotland.....	1	2	3	1	1	1	1	3	1
Scandinavia.....	4	12	16	5	5	5	12	12	12
Russia.....	32	45	77	36	36	37	55	57	56
All other foreign									
countries.....	19	10	29	16	20	17	10	10	11
Total, foreign									
countries.....	176	240	416	261	288	281	345	365	364
Unascertained.....	1	2	3	6	6	8	7	7	7
Grand total....	371	435	806	315	371	371	404	435	435

TABLE 24.—Ages of readmissions, classified according to nativity, year ending September 30, 1911

AGE GROUP	NATIVE BORN			TOTAL FOREIGN BORN			AUSTRIA			CANADA			ENGLAND AND WALES			FRANCE			GERMANY			HUNGARY AND BOHEMIA		
	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total
	Females			Females			Females			Females			Females			Females			Females			Females		
Under 15 years.	3	3	3			9	1	2	3	1	1	1									1	1	1	1
15-19 years.	20	14	34	9	18	25	3	6	9	1	1	2	2	4	6				1	1	2	1	1	2
20-24 years.	50	39	89	20	45	65	3	7	36	5	3	8	1	3	4				2	5	7	1	1	2
25-29 years.	70	56	126	25	36	61	5	2	37	7	3	10							3	9	12	2	1	3
30-34 years.	54	50	104	23	42	65	3	3	33	3	1	4	2	1	3				3	4	7	3	1	4
35-39 years.	63	78	141	37	26	63	3	1	4	3	1	4	1	1	2	1	1	1	3	4	7	3	1	4
40-44 years.	56	55	111	34	33	67	3	1	4	3	1	4	1	1	2	1	1	1	11	9	20	1	1	2
45-49 years.	49	59	108	29	42	71	3	1	4	2	1	3	3	5	8	6	6	1	16	9	25	1	1	2
50-54 years.	49	47	96	18	33	51	1	1	2	1	2	3	3	4	7	6	9	1	17	9	26	1	1	2
55-59 years.	41	33	74	23	28	51	1	1	2	1	3	4	2	1	3	3	1	6	17	9	26	1	1	2
60-64 years.	21	17	38	14	16	30				1	3	4	2	1	3	3	1	6	17	9	26	1	1	2
65-69 years.	17	13	30	10	10	20				2	1	3	1	1	2	2	1	3	12	5	17	1	1	2
70-74 years.	4	5	9	5	9	14					1	1	1	1	2	1	1	2	12	5	17	1	1	2
75-79 years.	3	6	9	3	2	5					1	1	1	1	2	1	1	2	12	5	17	1	1	2
80 years and over.	3	2	5	2		2				1	1	2							1	1	2	1	1	2
Total ascertained	500	474	974	252	563	815	22	16	38	17	15	32	21	22	43	1	1	2	47	57	104	8	7	15
Unascertained	2	8	10	3	7	10							1	2	3						1	1	1	1
Grand total	502	482	984	255	573	825	22	16	38	17	15	32	22	24	46	1	1	2	47	58	105	9	8	16

TABLE 25.—Ages of readmissions with residence in New York City, classified according to nativity, year ending September 30, 1911

Age Group	NATIVE BORN			TOTAL FOREIGN BORN			AUSTRIA		CANADA		ENGLAND AND WALES		FRANCE		GERMANY		HUNGARY AND BOHEMIA		
	Males		Females	Males		Females	Males		Males		Males		Males		Males		Males		Females
	Total			Total			Total		Total		Total		Total		Total		Total		Total
Under 15 years.....	3	3	0	14	8	6	3	1	3	0	1	1	1	1	1	1	1	1	1
15-19 years.....	11	7	4	18	14	4	5	2	1	1	1	1	1	1	1	1	1	1	1
20-24 years.....	30	24	6	32	28	4	6	2	1	1	1	1	1	1	1	1	1	1	1
25-29 years.....	27	23	4	31	28	3	3	1	1	1	1	1	1	1	1	1	1	1	1
30-34 years.....	27	23	4	47	31	16	16	5	1	1	1	1	1	1	1	1	1	1	1
35-39 years.....	27	34	61	27	21	6	3	3	1	1	1	1	1	1	1	1	1	1	1
40-44 years.....	21	22	43	21	26	5	4	1	1	1	1	1	1	1	1	1	1	1	1
45-49 years.....	14	15	29	22	32	10	2	1	1	1	1	1	1	1	1	1	1	1	1
50-54 years.....	13	14	27	12	21	9	1	1	1	1	1	1	1	1	1	1	1	1	1
55-59 years.....	15	9	24	15	22	7	1	1	1	1	1	1	1	1	1	1	1	1	1
60-64 years.....	4	6	10	8	10	2	1	1	1	1	1	1	1	1	1	1	1	1	1
65-69 years.....	5	1	6	4	8	4	1	1	1	1	1	1	1	1	1	1	1	1	1
70-74 years.....	1	1	2	3	6	3	1	1	1	1	1	1	1	1	1	1	1	1	1
75-79 years.....	1	1	1	2	2	0	1	1	1	1	1	1	1	1	1	1	1	1	1
80 years and over.....	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1
Total ascertained.....	194	187	381	174	233	407	18	33	3	1	4	10	15	25	1	2	29	41	70
Unascertained.....	6	6	6	2	7	9	1	1	1	1	1	1	1	1	1	1	1	1	1
Grand total.....	194	193	387	176	240	416	18	33	3	1	4	10	17	27	1	2	29	42	71

TABLE 26.—Degree of literacy of readmissions, classified with reference to nativity, year ending September 30, 1911

Country of Birth	NONE			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGIATE			UNASCERTAINED			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
United States.....	9	14	23	45	47	92	379	358	737	47	51	98	19	6	25	3	9	12	502	482	984
All foreign countries.....	16	27	43	65	89	154	151	185	339	7	8	15	9	2	11	4	11	255	318	573	
Austria.....	2	1	3	4	4	8	15	11	26	...	...	...	1	...	1	...	...	22	16	38
Canada.....	2	1	3	3	2	4	13	10	23	...	2	2	...	...	...	...	...	17	15	32
England and Wales.....	...	1	1	5	4	9	14	16	30	1	2	3	2	1	3	...	...	22	24	45
France.....	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2
Germany.....	...	1	1	8	11	19	35	45	80	3	...	3	1	...	1	...	1	47	58	105	
Hungary and Bohemia.....	...	...	...	3	5	8	6	2	8	...	...	...	...	...	...	...	...	9	7	16
Ireland.....	3	5	8	19	25	44	25	53	78	...	...	...	...	1	1	1	1	50	87	137
Italy.....	6	4	10	5	7	12	8	8	16	1	...	...	...	...	...	...	...	21	20	41
Russia and Poland.....	1	9	10	14	27	41	17	18	35	1	4	5	1	1	1	2	3	36	61	97	
Scandinavia.....	...	...	...	2	2	4	1	10	11	1	...	1	1	...	...	...	...	5	12	17
Scotland.....	...	...	...	...	...	...	3	4	7	...	...	...	...	...	...	...	...	3	4	7
All other foreign countries.....	...	2	2	2	2	4	17	8	25	1	...	2	3	...	3	...	1	22	13	35	
Unascertained.....	...	...	...	...	...	...	...	1	1	1	1	2	...	...	...	...	...	1	2	3
Total.....	25	41	66	110	136	246	533	544	1077	55	60	115	28	8	36	7	13	758	802	1,560	

TABLE '28.—Psychoses of readmissions with residence in New York City, classified according to nativity, year ending September 30, 1911

PSYCHOSIS	NATIVE BORN			TOTAL FOREIGN BORN			AUSTRIA			CANADA			ENGLAND AND WALES			GERMANY			HUNGARY AND BOHEMIA			IRELAND		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
With brain tumor.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Traumatic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Senile.....	1	1	2	3	7	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dementia paralytica.....	19	10	29	14	18	32	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
With other brain and nervous diseases.....	3	2	5	5	3	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Alcoholic.....	17	3	20	15	10	25	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Drug and other toxic.....	4	1	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Infective-exhaustive and auto-toxic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Allied to infective-exhaustive.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Symptomatic depressions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Depressive hallucinosis.....	1	2	3	1	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Involution-melancholia.....	3	6	9	1	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Depressions undifferentiated.....	2	3	5	3	8	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dementia praecox.....	49	40	89	27	36	63	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Allied to dementia praecox.....	7	1	8	3	6	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paranoid conditions.....	3	5	8	10	9	19	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Manic-depressive.....	37	77	114	51	106	157	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Allied to manic-depressive.....	12	10	22	20	20	40	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epileptic.....	9	5	14	6	5	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hysterical, psychasthenic and neurasthenic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other constitutional disorders and inferiorities.....	13	13	26	6	2	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Imbecility and idiocy with insanity.....	1	3	4	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unclassified.....	9	7	16	8	3	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not insane.....	2	1	3	1	1
Total.....	194	193	387	176	240	416	18	15	33	3	1	4	10	17	27	29	42	71	6	6	12	36	72	108

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TABLE 28.—Psychoses of readmissions with residence in New York City, classified according to nativity, year ending September 30, 1911 — (Concluded)

PSYCHOSIS	ITALY		FRANCE		SCOTLAND		SCANDINAVIA		RUSSIA AND POLAND		ALL OTHER FOREIGN COUNTRIES		UNASCERTAINED		TOTAL	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
	Total		Total		Total		Total		Total		Total		Total		Total	
With brain tumor.....															3	3
Traumatic.....															3	3
Senile.....	3	1							1	1					3	2
Dementia-paralytica.....							1	1	3	5	1	2	1		31	24
With other brain and nervous diseases.....	1														8	5
Alcoholic.....	1				1	1					1				32	13
Drug and other toxic.....															4	5
Infective-exhaustive and auto-toxic.....																
Allied to infective-exhaustive.....											1	1			3	3
Symptomatic depressions.....															1	1
Depressive hallucinosis.....																
Involution-melancholia.....	1	1					1	1							2	2
Depressions undifferentiated.....	5	4					3	3	2	2	2	2			5	11
Dementia praecox.....	1	2					1	1	1	1	1	1			76	76
Allied to dementia praecox.....									3	1	1	1			10	17
Paranoic conditions.....	2	1							4	4					13	11
Manic-depressive.....	7	9			2	2	5	7	12	25	3	4	1		88	183
Allied to manic-depressive.....	1	1							3	4	1	1			32	30
Epileptic.....									1	1	1	1			15	11
Hysterical, psychasthenic and neurasthenic.....															2	2
Other constitutional disorders and inferiorities.....	1	1							2	1			1	1	19	16
Imbecility and idiocy with insanity.....	1	1													2	3
Unclassified.....	1	2													1	10
Not insane.....															2	2
Total.....	17	17	34	1	2	3	4	12	32	45	77	20	10	30	371	435
																805

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TABLE 29.—Environment of readmissions, classified according to nativity, year ending September 30, 1911

COUNTRY OF BIRTH	CITY			VILLAGE			RURAL			UNASCERTAINED			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
United States.....	336	330	666	101	110	211	61	36	97	4	6	10	502	482	984
All foreign countries.....	226	276	502	15	28	43	11	8	19	3	6	9	255	318	573
Austria.....	22	15	37	...	...	...	...	...	...	...	1	1	22	16	38
Canada.....	15	12	27	...	3	4	1	...	...	...	...	...	17	15	32
England and Wales.....	14	22	36	1	...	1	6	2	8	1	...	...	22	24	46
France.....	1	...	1	...	...	...	...	...	...	...	1	1	1	1	2
Germany.....	42	49	91	3	6	9	2	3	5	...	...	...	47	58	105
Hungary and Bohemia.....	8	7	15	1	...	1	...	...	...	...	...	...	9	7	16
Ireland.....	43	74	117	4	11	15	2	1	3	1	1	2	50	87	137
Italy.....	18	17	35	2	2	4	...	...	...	1	...	...	21	20	41
Russia and Poland.....	36	56	92	...	3	3	...	...	...	...	2	2	36	61	97
Scandinavia.....	5	11	16	...	...	...	...	1	1	...	...	...	5	12	17
Scotland.....	2	4	6	...	1	2	...	...	...	...	...	...	3	4	7
All other foreign countries.....	20	11	31	2	2	4	...	...	...	...	...	...	22	13	35
Unascertained.....	1	2	3	1	2	3
Total.....	563	608	1,171	116	138	254	72	44	116	7	12	19	758	802	1,560

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TABLE 30.—Deaths of patients in State hospitals for the insane, classified according to psychoses, year ending September 30, 1911

Psychosis	NUMBER			PER CENT		
	Males	Females	Total	Males	Females	Total
With brain tumor.....	3	1	4	0.2	0.1	0.1
Traumatic.....	2	1	3	0.1	0.1	0.1
Senile.....	288	333	621	19.1	24.2	21.5
Dementia paralytica.....	485	142	627	32.1	10.3	21.7
With other brain or nervous diseases.....	104	98	202	6.9	7.1	7.0
Alcoholic.....	80	37	117	5.3	2.7	4.1
Drug and other toxic.....	1	5	6	0.1	0.4	0.2
Infective-exhaustive and autotoxic.....	19	51	70	1.3	3.7	2.4
Allied to infective-exhaustive.....	4	4	8	0.3	0.3	0.3
Symptomatic depressions.....	.....	6	6	.....	0.4	0.2
Depressive hallucinosis.....	2	1	3	0.1	0.1	0.1
Involution-melancholia.....	35	59	94	2.3	4.3	3.3
Depressions undifferentiated.....	19	14	33	1.3	1.0	1.1
Dementia praecox.....	249	328	577	16.5	23.8	20.0
Allied to dementia praecox.....	5	12	17	0.3	0.9	0.6
Paranoic conditions.....	32	52	84	2.1	3.8	2.9
Manic-depressive.....	47	93	140	3.1	6.8	4.9
Allied to manic-depressive.....	12	23	35	0.8	1.7	1.2
Epileptic.....	71	45	116	4.7	3.3	4.0
Hysterical, psychasthenic and neurasthenic.....	1	1	2	0.1	0.1	0.1
Other constitutional disorders and inferiorities.....	4	5	9	0.3	0.4	0.3
Imbecility and idiocy with insanity.....	13	11	24	0.9	0.8	0.8
Unclassified.....	35	53	88	2.3	3.8	3.1
Not insane.....	.....	.....	.....	.....	.....	.....
Total.....	1,511	1,375	2,886	100.0	100.0	100.0

TABLE 31.—Average age at death and average time in hospitals for insane of patients dying in the State hospitals, year ending September 30, 1911

STATE HOSPITAL	NUMBER OF DEATHS			AVERAGE AGE AT DEATH			AVERAGE TIME IN HOSPITALS FOR INSANE		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Utica.....	77	49	126	60.3	62.6	61.2	3.5	5.8	4.4
Willard.....	101	107	208	58.9	64.0	61.5	11.8	11.9	11.9
Hudson River.....	138	175	313	54.3	55.1	54.9	5.1	8.3	6.9
Middletown.....	51	45	95	54.6	56.3	55.4	5.2	8.8	6.9
Buffalo.....	93	78	171	54.7	58.9	56.6	4.8	9.0	6.7
Binghamton.....	107	71	178	59.4	63.1	60.9	9.0	10.7	9.8
St. Lawrence.....	70	50	140	55.7	56.6	56.1	4.1	7.7	5.9
Rochester.....	77	75	152	57.9	61.3	59.6	4.0	7.7	5.9
Gowanda.....	44	29	73	49.3	59.6	53.3	6.3	9.3	7.5
Kings Park.....	149	165	314	52.1	53.1	52.6	3.8	8.0	6.0
Long Island.....	62	71	133	56.7	52.2	54.3	2.4	1.1	1.9
Manhattan.....	265	263	528	48.7	52.5	50.6	3.3	4.4	3.8
Central Islip.....	277	177	454	48.4	52.4	50.0	4.9	4.8	4.9
Total.....	1,511	1,375	2,886	53.2	56	54.6	5.1	7.0	6.0

TABLE 32.—Ages of the patients dying in the several State hospitals, year ending September 30, 1911

AGE GROUP	TOTAL DEATHS			UTICA			WILLARD			HUDSON RIVER			MIDDLETOWN			BUFFALO			BINGHAMTON		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 20 years	3	9	12	1	1	2	1	2	3	2	3	5	1	1	2	2	2	4	4	1	1
20-24 years	35	28	63	1	4	5	1	7	8	2	6	13	1	2	3	2	4	6	7	3	10
25-29 years	51	50	101	1	3	4	2	3	5	11	11	22	10	10	20	8	4	12	7	6	13
30-34 years	112	84	196	4	1	5	2	3	5	16	15	31	3	3	6	8	4	12	5	2	7
35-39 years	141	100	241	6	1	7	10	3	13	16	16	32	2	4	6	7	4	11	12	6	18
40-44 years	156	122	278	2	1	3	5	3	8	7	16	23	3	4	7	7	7	14	8	3	11
45-49 years	154	133	287	8	7	15	5	5	10	10	18	28	6	6	12	6	7	13	7	5	12
50-54 years	170	119	289	4	4	8	13	8	21	18	18	36	4	3	7	14	13	27	14	9	23
55-59 years	140	122	262	6	4	10	12	11	23	14	11	25	4	4	8	12	6	18	12	7	19
60-64 years	142	112	254	10	6	16	15	8	23	11	16	27	4	7	11	6	7	13	12	13	25
65-69 years	113	141	254	10	3	13	14	23	37	11	20	31	4	1	5	7	7	14	9	4	13
70-74 years	111	129	240	6	2	8	6	15	21	10	19	29	2	4	6	8	9	17	11	10	21
75-79 years	99	111	210	10	6	16	13	12	25	14	15	29	4	3	7	8	9	17	8	8	16
80-84 years	55	72	127	5	5	10	5	10	15	3	2	5	4	3	7	2	3	5	2	2	4
85-89 years	18	34	52	2	2	4	1	4	5	2	4	6	1	1	2	2	2	4	1	1	2
90 years and over	4	9	13	1	1	2	1	1	2	2	1	3	1	1	2	1	1	2	1	1	2
Unascertained	7	3	10	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total	1,511	1,375	2,886	77	49	126	101	107	208	138	175	313	51	45	96	93	78	171	107	71	178

TABLE 32.—Ages of the patients dying in the several State hospitals, year ending September 30, 1911 — (Concluded)

Age Group	ST. LAWRENCE			ROCHESTER			GOWANDA			KINGS PARK			LONG ISLAND			MANHATTAN			CENTRAL ISLIP		
	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total	Males		Total
		Females			Females			Females			Females			Females			Females			Females	
Under 20 years.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
20-24 years.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
25-29 years.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
30-34 years.....	5	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
35-39 years.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
40-44 years.....	8	.....	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
45-49 years.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
50-54 years.....	11	.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
55-59 years.....	5	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
60-64 years.....	9	.....	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
65-69 years.....	7	.....	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
70-74 years.....	13	.....	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
75-79 years.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
80-84 years.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
85-89 years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
90 years and over.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained.....
Total.....	70	70	140	77	75	152	44	29	73	149	105	314	62	71	133	265	263	528	277	177	454

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TABLE 33.—Causes of death of patients in State hospitals, classified according to psychoses, year ending September 30, 1911

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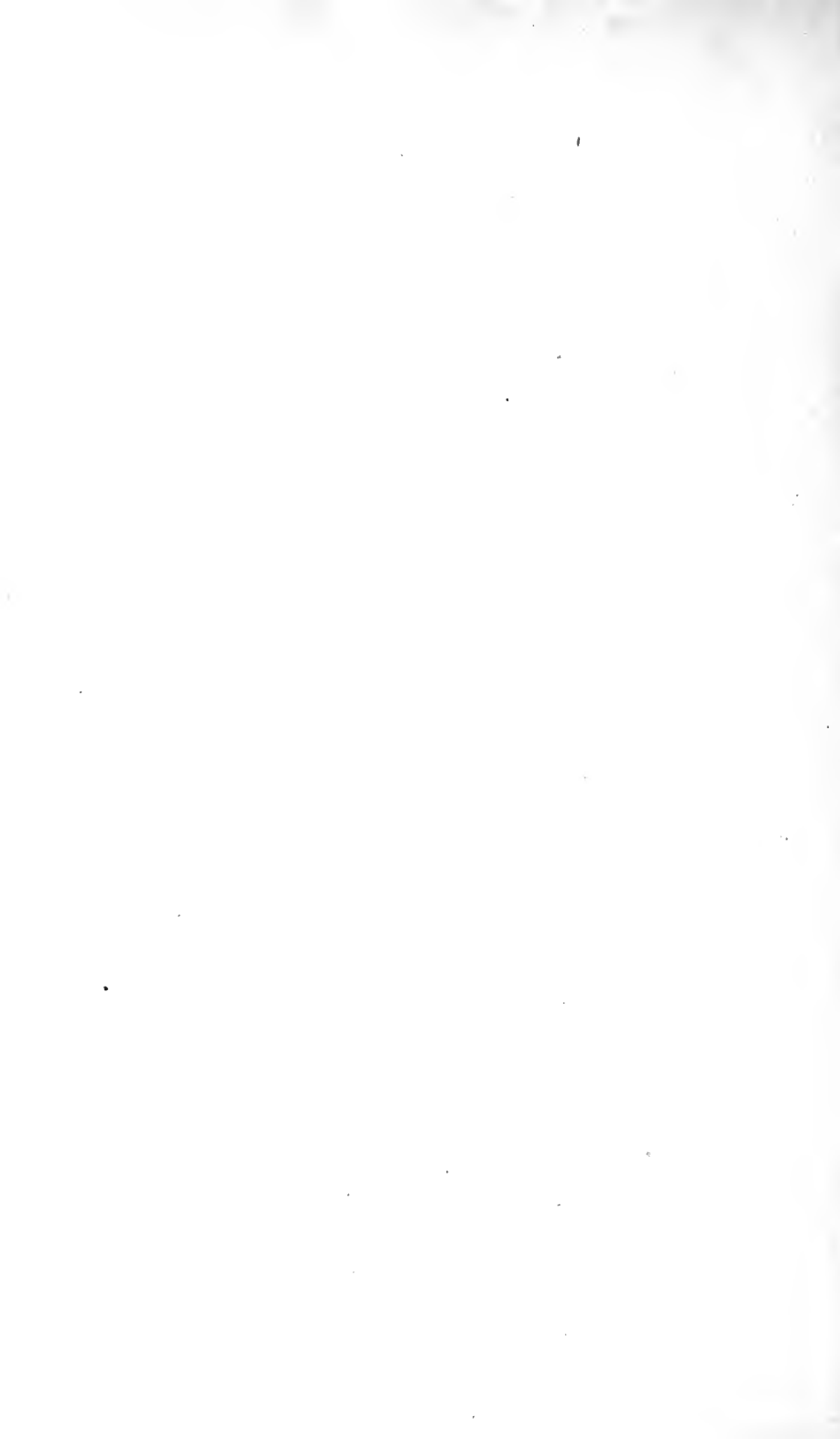
Statistics of the Insane

	288	333	621	485	142	627	249	328	577	35	59	94	104	98	202	71	45	116	47	93	140	232	277	509	1,511	1,375	2,886
Puerperal septemia.....																											
DISEASES OF THE SKIN																											
Gangrene.....	2	2	4			1	1	1	1	1	1	1	1														
Other diseases of the skin.....	1		1																								
Total — Diseases of the skin.....	3	2	5			1	1	2	2	2	2	2	2														
OLD AGE																											
Senility.....	3	1	4																								
VIOLENCE																											
Suicide by poison.....						1	1																				
Suicide by asphyxia.....																											
Suicide by hanging.....						1		3		3	1	1	1														
Suicide by cutting instruments.....								2		2	1	1	1														
Suicide by drowning.....																											
Suicide by jumping from high places.....																											
Suicide by crushing.....								1	1	1	1	1	1														
Suicide by strangulation.....																											
Strangulation (food in larynx).....																											
Other suicides.....																											
Burns.....						1	1	1		1	1	1	1														
Fractures.....																											
Accidental drowning.....	1	1	2																								
Suffocation.....								1	1	1	1	1	1														
Total — Violence.....	1	2	3	4	1	5	9	1	10	1	3	4															
Unascertained.....								2		2																	
Grand total.....	288	333	621	485	142	627	249	328	577	35	59	94	104	98	202	71	45	116	47	93	140	232	277	509	1,511	1,375	2,886

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TABLE 35.—Residence by counties of first admissions to State hospitals for the insane during the year October 1, 1910-September 30, 1911, and of all patients remaining under treatment, September 30, 1911

COUNTY	FIRST ADMISSIONS, OCTOBER 1, 1910-SEPTEMBER 30, 1911				TOTAL UNDER TREATMENT SEPTEMBER 30, 1911			
	NUMBER			Rate per 100,000 population	NUMBER			Rate per 100,000 population
	Males	Females	Total		Males	Females	Total	
Albany.....	57	50	107	61.3	360	421	781	448
Allegany.....	9	6	15	36.6	50	61	111	271
Broome.....	26	19	45	56.1	123	159	282	352
Cattaraugus.....	15	10	25	37.9	80	93	173	260
Cayuga.....	11	19	30	41.6	103	125	228	339
Chautauqua.....	23	18	41	38.2	124	133	257	239
Chemung.....	17	19	36	65.2	122	115	237	429
Chemungo.....	16	19	35	99.2	58	69	127	360
Clinton.....	18	13	31	61.5	78	55	133	278
Columbia.....	11	8	19	43.3	66	82	148	337
Cortland.....	3	6	9	30.8	36	45	81	277
Delaware.....	8	13	21	46.4	59	79	138	504
Dutchess.....	48	33	81	91.5	215	194	409	462
Erie.....	203	106	309	56.9	939	900	1,839	339
Essex.....	11	5	16	50.4	44	34	78	231
Franklin.....	12	8	20	44.0	50	54	104	228
Fulton.....	15	11	26	57.6	75	72	147	325
Genesee.....	15	8	23	60.4	38	52	90	236
Greene.....	1	4	5	16.6	38	44	82	273
Hamilton.....	.....	.....	.....	.....	3	2	5	111
Herkimer.....	21	19	40	70.0	74	122	196	344
Jefferson.....	18	20	38	47.2	94	114	208	259
Kings.....	467	537	1,004	58.9	2,367	2,836	5,203	305
Lewis.....	6	1	7	28.7	54	34	88	360
Livingston.....	15	10	25	68.0	52	52	104	272
Madison.....	12	3	15	38.3	73	77	150	377
Monroe.....	92	97	189	64.3	438	568	1,006	342
Montgomery.....	13	12	25	42.0	73	80	153	257
Nassau.....	17	12	29	33.1	45	37	82	95
New York.....	1,068	997	2,065	72.2	4,479	5,454	9,933	351
Niagara.....	32	22	54	57.4	123	117	240	255
Oneida.....	67	42	109	69.2	330	297	627	398
Onondaga.....	47	43	90	43.7	280	284	564	274
Ontario.....	21	17	38	72.7	106	114	220	421
Orange.....	47	32	79	67.1	214	258	472	401
Orleans.....	9	6	15	46.7	32	34	66	205
Oswego.....	23	11	34	47.1	133	109	242	335
Otsego.....	15	14	29	61.7	70	68	138	294
Putnam.....	7	1	8	54.0	25	18	43	297
Queens.....	54	54	108	35.4	234	246	480	157
Rensselaer.....	21	30	51	41.7	265	316	581	475
Richmond.....	30	19	49	63.9	104	135	239	268
Rockland.....	11	13	24	50.7	60	62	122	258
St. Lawrence.....	25	28	53	59.9	129	152	281	318
Saratoga.....	19	10	29	46.9	90	112	202	327
Schenectady.....	28	17	45	48.7	99	91	190	205
Schoharie.....	4	6	10	42.5	33	35	68	289
Schuyler.....	5	7	12	87.3	37	36	73	531
Seneca.....	11	5	16	59.6	56	51	107	339
Steuben.....	25	29	54	64.7	138	156	294	357
Suffolk.....	29	21	50	50.9	167	147	314	319
Sullivan.....	7	7	14	41.6	54	57	111	330
Tioga.....	6	5	11	43.4	38	65	103	406
Tompkins.....	6	7	13	38.7	51	66	117	349
Ulster.....	28	18	46	49.4	159	151	310	333
Warren.....	5	3	8	24.7	48	45	93	288
Washington.....	7	12	19	39.7	45	67	112	234
Wayne.....	8	14	22	43.6	68	71	139	275
Westchester.....	80	71	151	50.9	387	425	812	274
Wyoming.....	8	7	15	46.7	37	37	74	262
Yates.....	5	6	11	59.5	32	38	70	379
Other states and countries.....	47	26	73	.....	10	9	19	.....
Unascertained.....	28	1	29	.....	487	454	941	.....
Soldiers' and Sailors' Home.....	14	14
State paupers.....	10	2	12
Total.....	3,013	2,687	5,700	60.8	14,569	16,482	31,051	331



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